

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07323

7323 CERTIFICATE OF DEATH

Reg. Dist. No. 21

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: This law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 155-10W

1. PLACE OF DEATH ANNE ARUNDEL COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED 18 N Cherry Street STATE Anne Arundel CITY Annapolis TOWN	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN ANNAPOLIS		LENGTH OF STAY (in this place) LIFE		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Annapolis STREET ADDRESS 18 N Cherry Street	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 43 ANNE ARUNDEL GEN'L HOSP		(First) (Middle) (Last) FRANK GEROD BAKER, SR		4. DATE (Month) (Day) (Year) OF DEATH AUG 1 1955	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) D	8. DATE OF BIRTH MAY 28, 1887	9. AGE last birthday 68 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CULS MANAGER		10b. KIND OF BUSINESS OR INDUSTRY SERVICES		11. BIRTHPLACE (State or foreign country) Annapolis, MD.	
13. FATHER'S NAME UNKNOWN Wm Baker		14. MOTHER'S MAIDEN NAME — Este He Tydings		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO		16. SOCIAL SECURITY NO. —		17. INFORMANT & ADDRESS Son, 101 DREAM'S LANDING	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE (A) Acute myocardial infarction ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, III Coronary artery disease GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bladder neoplastic disease 36 yrs.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug 1, 1955</u> to <u>Aug 1, 1955</u> , that I last saw the deceased alive on <u>Aug 1, 1955</u> , and that death occurred at <u>10:45 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>John L. Hedeman</u> M.D. ADDRESS (Street, city, town, state) <u>90 Cathedral St. Annapolis, Md.</u> DATE SIGNED <u>Aug 1, 1955</u>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 8-1-1955	NAME OF CEMETERY OR CREMATORIUM Abbury Church	LOCATION (City, town, or county) Arnold, Md. (State)	
24. REC'D BY REGISTRAR REG'D BY SIGNATURE J. O'Donnell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. O'Donnell, Esq., Chippingwood			
DATE 8-3-1955					

BY AUTOMATED TELETYPE STATE QUALITY

STATE OF TEXAS
DEPARTMENT OF STATE

RECEIVED

BUREAU V. 8

MUG 4 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07324

7324 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY CITY (If outside corporate limits, write RURAL OR TOWN 10 Annapolis	MARYLAND LENGTH OF STAY (in this place) 3 days	STATE Md CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Md. STREET ADDRESS USNH, Annapolis, Md.	COUNTY AA (Arundel) 10 (If rural give location)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 USNH, Annapolis, Md.					
3. NAME OF DECEASED (First) Kenneth Charles BAKER			4. DATE OF DEATH August 5 19 55		
5. SEX M	6. COLOR OR RACE Cau.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S	8. DATE OF BIRTH 3 August 1955	9. AGE last birthday yrs. 3	IF UNDER 1 YEAR Months 3 IF UNDER 24 HRS. Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY US	
13. FATHER'S NAME Charles Ernest BAKER			14. MOTHER'S MAIDEN NAME Ana Marie RUSSELL		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. -	17. INFORMANT & ADDRESS USNH, Annapolis, Md.		
18. MEDICAL CERTIFICATION					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 762.5 IMMEDIATE CAUSE (A) Atelectasis with immaturity # 762.5 ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) _____ (C) _____					
INTERVAL BETWEEN ONSET AND DEATH 3 days					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-3 19 55, to 8-5 19 55, that I last saw the deceased alive on 8-5 19 55, and that death occurred at 1:15 AM, from the causes and on the date stated above. ADDRESS (Street, city, town, state) DATE SIGNED E.R. PETERS LT MC USN 5 Aug. 1955					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Aug 8, 1955	NAME OF CEMETERY OR CREMATORIUM Naval Cemetery	LOCATION (City, town, or county) Annapolis, Maryland (State)	
24. REC'D BY REGISTRAR DATE August 8, 1955		REGISTERED SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hopping Funeral Home Annapolis, Md.		

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

RECEIVED IN THE LIBRARY OF THE STATE DEPARTMENT

BUREAU V. S.

MUG 10 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 15-5 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07325

7325 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (In this place) Years	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY Anne Arundel		
11 Anne Arundel Annapolis	13 Anne Arundel General Hosp.	11 Annapolis	813 Bay Ridge Ave.		
3. NAME OF DECEASED (First) DAVID COOKE BANKERT			4. DATE OF DEATH Aug. 24, 1955		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Aug. 19, 1886	9. AGE last birthday 69 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) manager			10b. KIND OF BUSINESS OR INDUSTRY hotel	11. BIRTHPLACE (State or foreign country) Westminster, Md.	12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME David J. Bankert			14. MOTHER'S MAIDEN NAME Rachel Cole		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no			16. SOCIAL SECURITY NO. 219-07-9608	17. INFORMANT & ADDRESS Elizabeth G. Bankert, Annapolis	Md.
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (A) myocardial failure ANTECEDENT CAUSE(S) DUE TO (B) arteriosclerotic heart disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			3 days 10 yrs.		
IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. rupture appendix; localized abscess			5 days		
19a. DATE OF OPERATION 8/17/55		19b. MAJOR FINDINGS OF OPERATION ruptured appendix; abscess; localized peritonitis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. While at work		21e. INJURY OCCURRED While Not while at work		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug. 24, 1955</u> , to <u>Aug. 24, 1955</u> , that I last saw the deceased alive on <u>Aug. 24, 1955</u> , and that death occurred at <u>2:25 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>J. Bonsuul</u> ADDRESS (Street, city, town, state) <u>Annapolis, Md.</u> DATE SIGNED <u>Aug. 24, 1955</u>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial		DATE THEREOF 8/27/55	NAME OF CEMETERY OR CREMATORIAL Pipe Creek Cemetery	LOCATION (City, town, or county) (State) Carroll County, Md.	
24. REC'D. BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Wm. J. French</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Hunter</u> ADDRESS <u>Union Bridge, Md.</u>		
DATE <u>Aug. 27, 1955</u>					

RECEIVED IN THE LIBRARY OF THE STATE DEPARTMENT OF GOVERNMENT

BUREAU Y. S.

AUG 29 1955

RECEIVED

7353

07326
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:

COUNTY Anne Arundel
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town)
 X TOWN Severna Park

MARYLAND

LENGTH OF STAY
(In this place)
4 monthsHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Old Annapolis Rd.

3. NAME OF
DECEASED:
(Type or Print)

(First)

(Middle)

(Last)

Charles H. Bennett

5. SEX:

M.

6. COLOR OR
RACE:

Caucasian

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify):

Widowed

8. DATE OF BIRTH:

4/4/86

4. DATE
OF
DEATH:

August 30

(Month)

1955

(Day)

(Year)

10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired):

Retail Buyer

10b. KIND OF BUSINESS OR
INDUSTRY:

Retail

9. AGE last birthday:

69

IF UNDER 1 YEAR
Months Days Hours Min.

yrs.

Years

Months

Days

Hours

Min.

13. FATHER'S NAME:

Steven Bennett

14. MOTHER'S MAIDEN NAME:

Sarah Williams

16. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

No

16. SOCIAL SECURITY NO.:

217-07-2294

17. INFORMANT & ADDRESS:

Mrs. Edith Edmunds (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause

(a)

DUE TO

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

Seized

Antecedent cause(s)

Diseases or conditions, if any, (b)...
giving rise to the above cause DUE TO
stating underlying cause last (c)2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
of street, office bldg., etc.,
INJURY)

21c. (City or town) (County)

(State)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

M.

21e. INJURY OCCURRED
While at Not while
at work at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

Charles H. Bennett

CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.

DATE SIGNED

8/30/55

23. BURIAL, CREMATION,
REMOVAL (Specify):

Burial

DATE THEREOF NAME OF CEMETERY OR CREMATORIUM

Sept. 3, 1955 Mt. Auburn Cem.

LOCATION (City, town, or county) (State)

Balto. Md.

DATE REC'D BY LOCAL REG. REC.

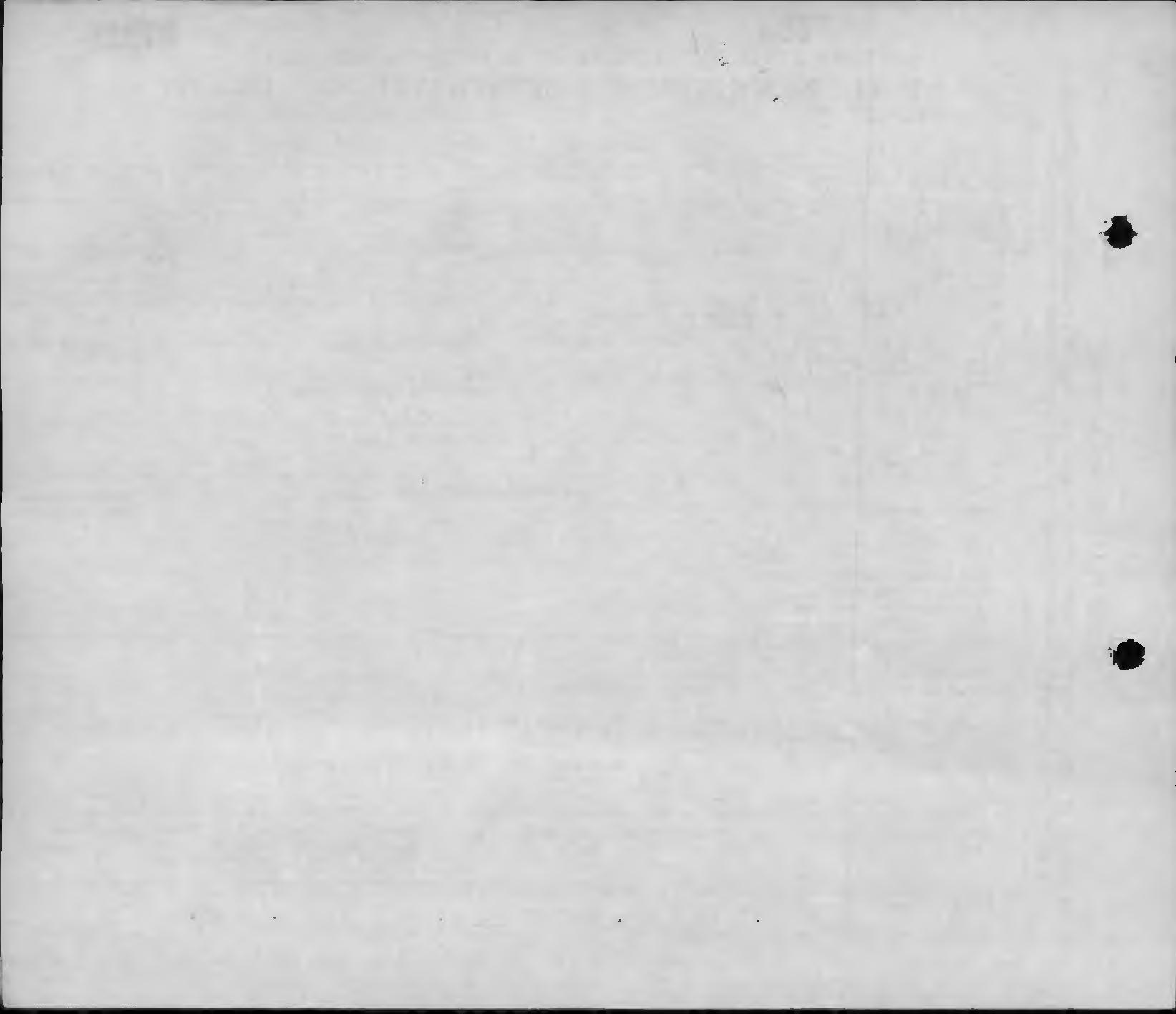
REG. REC. REGISTRAR'S SIGNATURE

REG. REC. REGISTRAR'S SIGNATURE

REG. REC. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

REG. REC. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07327

7354 CERTIFICATE OF DEATH

Reg. Dist. No. 24

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 155 10A

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Anne Arundel	MARYLAND	STATE Maryland	COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL OR give nearest town)	LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	(If rural give location)
TOWN Glen Burnie		Glen Burnie	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>412 N Street SE</i>	STREET ADDRESS <i>421 N. Street SE</i>		
3. NAME OF DECEASED (Type or Print) ROSS A BENNINGTON		4. DATE OF DEATH August 20, 1955	
SEX Male	COLOR OR RACE White	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	DATE OF BIRTH Jan. 23, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (State or foreign country) Pittsburgh, Pa.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James William Bennington		14. MOTHER'S MAIDEN NAME Eleanor Ashcraft	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unk.) Yes	16. SOCIAL SECURITY NO. 208-01-2901	17. INFORMANT & ADDRESS Mrs. Ruth Bennington - wife - same as #2	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
331X IMMEDIATE CAUSE (A) <i>cerebral hemorrhage</i>			
ANTECEDENT CAUSE(S) DUE TO (B) <i>hypertension</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
M. At work <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb. 1952 to Aug. 1955</i>, 1955, that I last saw the deceased alive on <i>Aug. 18, 1955</i>, and that death occurred at <i>5:30 P.M.</i> from the causes and on the date stated above.			
SIGNATURE <i>OB MacDonald</i>		ADDRESS (Street, city, town, state) <i>Glen Burnie Md</i> DATE SIGNED <i>8-20-55</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF NAME OF CEMETERY OR CREMATORIUM August 23, 55 Glen Haven Cemetery	
LOCATION (City, town, or county) Glen Burnie, Maryland		(State)	
24. REC'D BY REGISTRAR DATE <i>Aug. 22-1955</i>		REGISTRAR'S SIGNATURE <i>L. J. D'Alba</i>	
25. FUNERAL DIRECTOR'S SIGNATURE Hopping and Kilkley Funeral Home		ADDRESS <i>Glen Burnie, Md.</i>	

RECEIVED
FEDERAL BUREAU OF INVESTIGATION - U. S. DEPARTMENT OF JUSTICE

ST. LOUIS FIELD OFFICE
CITY OF ST. LOUIS, MISSOURI

BUREAU V. S.

AUG 24 1968

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN-OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

The bottom copy may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VI A15C-11 10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7355 CERTIFICATE OF DEATH

07328

Reg. Dist. No. 27

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <input checked="" type="checkbox"/> Anne Arundel	MARYLAND	STATE <input checked="" type="checkbox"/> North Carolina	COUNTY <input checked="" type="checkbox"/> Lenoir
CITY (If outside corporate limits, write RURAL OR end give nearest town)	LENGTH OF STAY (in this place)	TOWN <input checked="" type="checkbox"/> Fort G. G. Meade,	TOWN <input checked="" type="checkbox"/> Kinston
HOSPITAL OR INSTITUTION OR STREET ADDRESS <input checked="" type="checkbox"/> 50 U. S. Army Hospital	24 Months	STREET ADDRESS <input checked="" type="checkbox"/> 1057 Waters Street	(If rural give location) <input checked="" type="checkbox"/> 70 X
3. NAME OF <input checked="" type="checkbox"/> DEMETRIUS (Type or Print)		4. DATE (Month) (Day) (Year) <input checked="" type="checkbox"/> BEST August 18 1955	
5. SEX <input checked="" type="checkbox"/>	6. COLOR OR RACE <input checked="" type="checkbox"/> Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <input checked="" type="checkbox"/> Single	8. DATE OF BIRTH <input checked="" type="checkbox"/> August 16, 1955
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <input checked="" type="checkbox"/> None		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/> None	9. AGE last birthday yrs. <input checked="" type="checkbox"/> 2
13. FATHER'S NAME <input checked="" type="checkbox"/> Jessie R. Best		14. MOTHER'S MAIDEN NAME <input checked="" type="checkbox"/> Zelma Lee Bobbitt	12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/> USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) <input checked="" type="checkbox"/> No	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> None	17. INFORMANT & ADDRESS <input checked="" type="checkbox"/> Father, Apt. B 306 Suter Road Baltimore 28, Maryland	18. MEDICAL CERTIFICATION <input checked="" type="checkbox"/> Prematurity Prematurity INTERVAL BETWEEN ONSET AND DEATH <input checked="" type="checkbox"/> 2 days
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <input checked="" type="checkbox"/> 77% IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (A) _____ (B) _____ (C) _____		19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <input checked="" type="checkbox"/>	21c. WHERE DID INJURY OCCUR? (City or town) <input checked="" type="checkbox"/> (County) _____ (State) _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/> M.	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/> 16 August 1955 from..... 19 05 to..... 18 21....., 19 55....., that I last saw the deceased alive on..... 13 Aug 1955....., and that death occurred at..... 18 30 AM..... from the causes and on the date stated above.	SIGNATURE <input checked="" type="checkbox"/> HUBERT L. NEEDLEMAN M.D. 1st Lt. MC ADDRESS (Street, city, town, state) <input checked="" type="checkbox"/> Fort G. G. Meade, Md. 18 Aug 55 DATE SIGNED <input checked="" type="checkbox"/>
22. I hereby certify that I attended the deceased from..... 16 Aug 1955....., and that death occurred at..... 18 30 AM..... from the causes and on the date stated above. SIGNATURE <input checked="" type="checkbox"/> HUBERT L. NEEDLEMAN M.D. 1st Lt. MC ADDRESS (Street, city, town, state) <input checked="" type="checkbox"/> Fort G. G. Meade, Md. 18 Aug 55 DATE SIGNED <input checked="" type="checkbox"/>	23. BURIAL, CREMATION, REMOVAL (SPECIFY) <input checked="" type="checkbox"/> Burial	DATE THEREOF <input checked="" type="checkbox"/> 18 August 1955 Post Cemetery	LOCATION (City, town, or county) <input checked="" type="checkbox"/> (State) _____ <input checked="" type="checkbox"/> Fort G. G. Meade, Maryland
24. RECD BY REGISTRAR <input checked="" type="checkbox"/> W.L.Saylor	REGISTRAR'S SIGNATURE <input checked="" type="checkbox"/> W.L.Saylor	25. FUNERAL DIRECTOR'S SIGNATURE <input checked="" type="checkbox"/> CHAPLAIN QUIGLEY	ADDRESS <input checked="" type="checkbox"/> Fort G.G. Meade, Maryland
DATE <input checked="" type="checkbox"/> 18 August 1955	W.L.Saylor, 1ST LT MSC	CHAPLAIN QUIGLEY Fort G.G. Meade, Maryland	

7355-270

TRAIL W. S.

AUG 2

R. E. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07329

7355

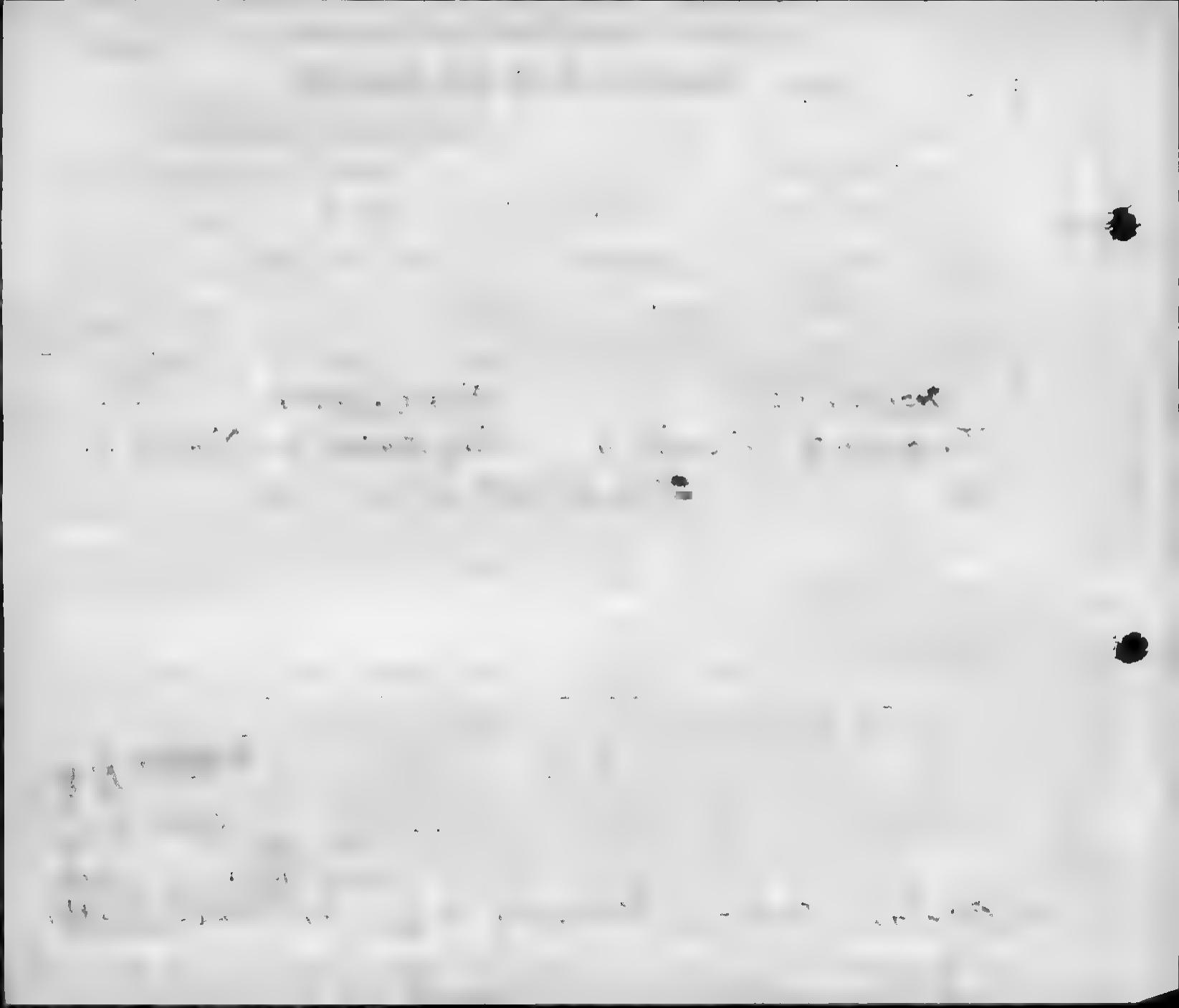
CERTIFICATE OF DEATH

Reg. Dist. No.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	Anne Arundel Crownsville	MARYLAND LENGTH OF STAY (In this place) 8 mos. 25 days	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis STREET ADDRESS (If rural give location) 212 Clay Street
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Crownsville State Hospital</i>			
3. NAME OF DECEASED (First) Emma (Middle) R. (Last) Boston		4. DATE OF DEATH 8 18 1955	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Unknown
9. AGE last birthday 67 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	11. KIND OF BUSINESS OR INDUSTRY Unknown	12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME <i>Thomas Boston</i>	14. MOTHER'S MAIDEN NAME <i>Elizabeth Makell</i>	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i> (If Yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <i>220-14-8125</i>		17. INFORMANT & ADDRESS <i>Hospital Records</i>	18. MEDICAL CERTIFICATION Acute Heart Failure Cerebro Vascular Accident
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>33IX</i> IMMEDIATE CAUSE (A) Acute Heart Failure ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH Since 8/6/55	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/24 1954 to 8/18 1955, that I last saw the deceased alive on 8/18 1955, and that death occurred at 12:05 P.M. from the causes and on the date stated above. SIGNATURE <i>L. Benedict</i> (L. Benedict) M.D. DATE SIGNED 8/18/55 ADDRESS (Street, city, town, state)			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>	DATE THEREOF <i>8-21-55</i>	NAME OF CEMETERY OR CREMATORIAL <i>Brewer Hill</i>	LOCATION (City, town, or county) (State) <i>Annapolis, Md</i>
24. REC'D BY REGISTRAR <i>Katherine M. Joyce</i>	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE <i>William Reese II</i>	ADDRESS <i>108 W. Wash. St Annapolis, Md</i>
DATE <i>Aug 30, 1955</i>			



INSTRUCTIONS

HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07330

7326

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY ANNAPOULS MD (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Home Homewood CONVALESCENT	STREET ADDRESS	82 MARKET ST
3. NAME OF (First) MARY ANN BOUCHER (Middle) (Last)		4. DATE (Month) (Day) (Year) OF DEATH 8-14 1955	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 11-10-1864
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) ANNAPOULS MD
13. FATHER'S NAME JOSEPH BOUCHER		14. MOTHER'S MAIDEN NAME MARY C. JOHNSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. ✓	
17. INFORMANT & ADDRESS John Boucher (2)		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.0 IMMEDIATE CAUSE (A) <i>Cysticercosis Tard Disease</i> unknown ANTECEDENT CAUSE(S) DUE TO <i>Generalized Cysticercosis</i> unknown DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. WHERE DID INJURY OCCUR? (City or town) <i>Annapolis</i>		(County) (State)	
22. I hereby certify that I attended the deceased from <i>January 19 1955 to 8/14 1955</i> , that I last saw the deceased alive on <i>8/14 1955</i> , and that death occurred at <i>8:30 PM</i> , from the causes and on the date stated above. SIGNATURE <i>Edward J. Beck</i> ADDRESS (Street, city, town, state) <i>41 Nuttlegate Ave Annapolis 20755</i> DATE SIGNED <i>8/15/55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>8-17-55</i>	
24. REC'D BY REGISTRAR <i>John Taylor</i>		REGISTRAR'S SIGNATURE <i>J. Taylor</i>	
DATE <i>Aug 16, 1955</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>John Taylor</i> ADDRESS <i>Annapolis</i>	

100%
100%

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 155 10M

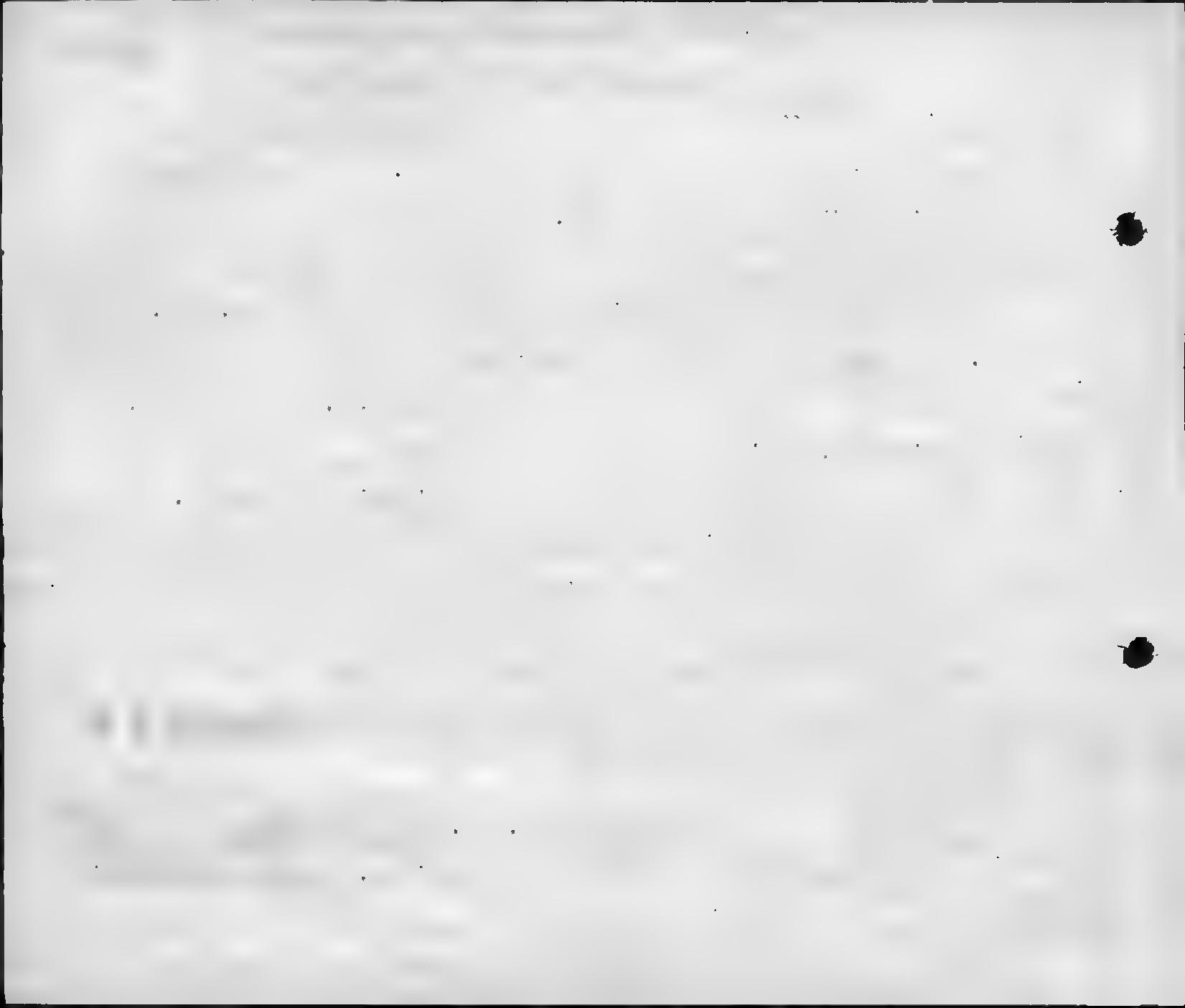
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07331

7357 CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>Anne Arundel</u> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Millersville</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Sann's Nursing Home</u>		MARYLAND LENGTH OF STAY (In this place) <u>2 months.</u> STATE <u>Md.</u> CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Newport</u> STREET ADDRESS <u>08 X - 2</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year)	
(First) <u>John</u> (Middle) <u>Bowling</u> (Last)		OF DEATH <u>Aug. 21st.</u> AGE last birthday <u>58</u> yrs. IF UNDER 1 YEAR Months <u>19</u> Days <u>55</u> Hours <u>Min.</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Washington B. Bowling</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT & ADDRESS <u>Sann's Nursing Home Records.</u>		18. MOTHER'S MAIDEN NAME <u>Mary C. Higgins</u>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 260X IMMEDIATE CAUSE (A) <u>Diabetes Mellitus</u> ANTECEDENT CAUSE(S) DUE TO (B) <u>Paralysis Agitans</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED M. at work <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/>	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6/13/55</u> , 19, to <u>8/21/55</u> , 19, that I last saw the deceased alive on <u>8/19/55</u> , 19, and that death occurred <u>5:15 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>Gustave K. Pauchant</u> M.D. <u>Glen Burnie, Md.</u> DATE SIGNED <u>8/21/55</u> ADDRESS <u>Street, city, town, state</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>8-22-55</u>	NAME OF CEMETERY OR CREMATORIAL <u>De Lavelle Cemetery</u>
			LOCATION (City, town, or county) <u>Dorchester, Md.</u> (State) <u>Md.</u>
24. REC'D BY REGISTRAR DATE <u>8/22/55</u>		REGISTRAR'S SIGNATURE <u>Katherine M. Julia H. Borey Joyce</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hornett & Ryerson, Whitey, Md.</u>



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age
is especially important. Physicians: please write the cause of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
7327 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07332

Reg. Dist. No. 21

Item 9, Film G187 10-14-55 et

1. PLACE OF DEATH COUNTY A.A.		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MD COUNTY A.A.	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
10 TOWN ANNAPOLIS		10 TOWN ANNAPOLIS	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Maryland Ave.		STREET ADDRESS 8 Maryland Ave.	
3. NAME OF DECEASED (Type or Print) BERTHA	(First)	(Middle)	(Last) BRADLEY
4. SEX FEMALE	5. COLOR OR RACE WHITE	6. SINGLED, MARRIED, WIDOWED, DIVORCED, (Specify) Singled	7. DATE OF BIRTH July 29 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Bartley Blackard Bradley		14. MOTHER'S MAIDEN NAME Adeline Elizabeth Neumann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 77761	
17. INFORMANT AND ADDRESS Frank V. Rigler 270 King St.		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4 Immediate cause Cerebrovascular Generalized Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (b) (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Not while work <input type="checkbox"/> at work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> unexplained <input type="checkbox"/> SIGNATURE E. H. Smith (Degree or title) ADDRESS Jerome J. Smith DATE SIGNED 8/31/55			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE HEREOF 8/31/55	
DATE REC'D BY LOCAL REC'D Sept. 1, 1955		NAME OF CEMETERY OR Crematory St. Lincoln	
REGISTRATION NUMBER 0		LOCATION (City, town, or county) Prince George Co.	
24. FUNERAL DIRECTOR O'Donnell		ADDRESS John M. Taylor Son	
		Annapolis Md.	

Y. S.

SEP 2

7350
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1807333
Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. . . .

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town)
 X TOWN ~~TYRAL~~ LENGTH OF STAY
 HOSPITAL OR Delmont Road
 INSTITUTION OR
 STREET ADDRESS Severn, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN Baltimore 3401-4
 STREET ADDRESS (If rural, give location)
 2208 Wilkens Ave.

3. NAME OF DECEASED: (First) (Middle) (Last)

WILLIAM H. BRUCHEY Bruchey

4. DATE (Month) (Day) (Year) OF DEATH

Aug. 2 1955

5. SEX: 6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH:

Male White Single May 7, 1936

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.
 Months Days Hours Min.

19 years yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
 Bushrussman 10b. KIND OF BUSINESS OR INDUSTRY: Montgomery Ward & Co. 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME:

William D. Bruchey 14. MOTHER'S MAIDEN NAME:
 Catherine A. Chronister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:

No None 212-34-1168 Catherine Bruchey 2208 Wilkens Ave

18. MEDICAL CERTIFICATION
 I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

981X Immediate cause (a) Gunshot wound of chest with bilateral massive hemothorax and gunshot injury of heart
 Antecedent cause(s) (b)
 Diseases or conditions, if any, giving rise to the above cause DUE TO
 stating underlying cause just (c)

INTERVAL BETWEEN
 ONSET AND DEATHII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
 TO THE DEATH BUT NOT RELATED TO THE
 DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?
 Yes No 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE (Home, farm, factory, of street, office bldg., etc., INJURY ROAD 21c. (City or town) (County) (State)

Severn Anne Arundel Md.

21d. TIME (Month) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 8/2/55 12:10 A.M. While at work Not while at work 21f. HOW DID INJURY OCCUR?

Shot while stealing gasoline

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
 SIGNATURE *Paul F. Sauer*CHIEF MEDICAL EXAMINER
 DEPUTY MEDICAL EXAMINER
 M. D. ASSISTANT MEDICAL EXAM.DATE SIGNED
 Aug. 2, 1955

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIAL REMOVAL (Specify): 24. LOCATION (City, town, or county) (State)

8-5-55 NEW CATHEDRAL BALTIMORE, Md

DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

REG 8-5-55 A. W. F. Sauer George L. Schatz 2101 Frederick Ave
 BALTIMORE, Md.



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be retained for use as a burial transit permit.

VS AISC 1-510M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07335

7328

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
CITY OR TOWN		COUNTY Anne Arundel Anne Arundel Maryland		STATE Maryland Maryland		COUNTY Anne Arundel Anne Arundel Maryland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LENGTH OF STAY (In this place)		STREET ADDRESS		(If rural give location)	
10 Annapolis				7 N. Cherrygrove Ave.		7 N. Cherrygrove Ave.	
3. NAME OF DECEASED (Type or Print)				4. DATE (Month) OF DEATH AUGUST 21, 1955			
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH March 13, 1872	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Havre De Grace, Md.		9. AGE last birthday 83 yrs.	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY NO. None			
17. INFORMANT & ADDRESS Mrs J. Bernard Vallandingham, same as 2				18. MEDICAL CERTIFICATION <i>Arterios Clerotic Cardio Vasculon Disease - yes</i>			
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)				20. INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) Annapolis		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> at work <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug. 21, 1955</u> , to <u>Aug. 21, 1955</u> , that I last saw the deceased alive on <u>Aug. 21, 1955</u> , and that death occurred at <u>6:05 P.M.</u> from the causes and on the date stated above. SIGNATURE <i>Franklin Klemmons</i> M.D. DATE SIGNED <u>Aug. 21, 1955</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Aug. 24, 1955		NAME OF CEMETERY OR CREMATORIUM St. Francis Cemetery		LOCATION (City, town, or county) Abington, Maryland	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <i>Franklin Klemmons</i>		25. FUNERAL DIRECTOR'S SIGNATURE HOPPING FUNERAL HOME		ADDRESS ANNAPOLIS, MD.	
DATE Aug. 23, 55							

S A C

07336

MARYLAND

7359

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		(Last)	
(First)		(Middle)	
4. SEX		5. COLOR OR RACE	
F.		W.	
6. DATE OF DEATH		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	
Aug. 2 1955		SINGLE	
8. DATE OF BIRTH		9. AGE last birthday	
14 Dec 1905		49 yrs.	
10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Waitress Housewife Restaurant		BALTO.	
12. CITIZEN OF WHAT COUNTRY?			
U.S.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
SYLVESTER STAYLOR		Margaret O'Neil.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
NO		-	
17. INFORMANT AND ADDRESS			
Severna Husband - LeRoy Cauffman, Park.			
18. MEDICAL CERTIFICATION			
INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		42.1	
Immediate cause		(a). MYOCARDIAL INFARCTION (Multiple) Coronary Sclerosis.	
Antecedent cause(s)		(b). HYPERTENSIVE CARDIO-VASCULAR Disease.	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c).	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5 yrs. 10 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from APRIL 19, 1955 to 2 Aug., 1955, that I last saw the deceased alive on Aug. 1, 1955, and that death occurred at 4:45 P.M., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED			
Robert R. Holmes, Severna Park Md. 2 Aug. 1955			
23. BURIAL, CREMATION REMOVAL (Specify)		NAME OF CEMETERY OR CREMATORIUM	
DATE		LOCATION (City, town, or county) (State)	
July 1955		Baltimore County Park	
DATE RECEIVED BY LOCAL REGISTRY'S SIGNATURE REG.		24. FUNERAL DIRECTOR ADDRESS	
P. P. 85		O. J. K. DeLoach P. A.	
DATE		ADDRESS	
14-11-1955		14-11-1955	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7360

CERTIFICATE OF DEATH

07337

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY

AA

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN near Gibson Island

LENGTH OF STAY
(In this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Rocky Beach Farm

3. NAME OF
DECEASED:
(Type or Print)

Thomas S. Cassidy

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland

COUNTY

*Kent*CITY (If outside corporate limits, write RURAL and give nearest town)
OR

TOWN Baltimore 12

(If rural give location)

STREET
ADDRESS

6416 Pinehurst Road

4. DATE (Month)
OF
DEATH: August 1,

(Day)

(Year)

1955

5. SEX

6. COLOR OR
RACE:

Male White

10A USUAL OCCUPATION (Give kind of
work done during most of working life.
even if retired). Engr.

13. FATHER'S NAME

Edward K. Cassidy

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service) Yes W.W. 2

16. SOCIAL SECURITY NO.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify)

8. DATE OF BIRTH

9. AGE last birthday; IF UNDER 1 YEAR
Months Days Hours Min.10B KIND OF BUSINESS
OR INDUSTRY:

Consulting

10. BIRTHPLACE (State or foreign country):

Gloversville, New York

11. CITIZEN OF WHAT
COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Capitola Bowen

17. INFORMANT & ADDRESS

Mrs. Alice C. Cassidy, 6416 Pinehurst Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.0.1

IMMEDIATE CAUSE

(A)
DUE TOCoronary Sclerosis
Obstruction of vessels in
arterial walls - ArteriosclerosisINTERVAL BETWEEN
ONSET AND DEATH

1955

ANTECEDENT CAUSE (S)

(B)
DUE TO

Gastric Ulcers - Arteriosclerosis

1954

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C)

Chronic Myocardiitis

1954

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner)21B PLACE (H me, farm, factory,
OF INJURY street, office bldg., etc.)21C WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D TIME (Month) (Day) (Year)
OF INJURY21E INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1955, to Aug 1, 1955, that I last saw the deceased
alive on Aug 1, 1955, and that death occurred at 12:09 P.M. from the causes and on the date stated above.
ADDRESS *G. M. Bishop*
DATE SIGNED *Aug 1, 1955*23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

Baltimore, Md.

DATE REC'D BY LOCAL
REGISTRAR *J. S. S.*

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Fredrick Wm. J. Tichner & Sons, Baltimore, Md.



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7329

CERTIFICATE OF DEATH

07338

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	MARYLAND LENGTH OF STAY (In this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	MARYLAND COUNTY ANNAPOLIS
10 A.A.C.	10 Annapolis	10 Annapolis	10 Annapolis
HOSPITAL OR INSTITUTION OR STREET ADDRESS	10 A.A. GENERAL Hosp. 1970 West Street		
63	(First)	(Middle)	(Last)
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
MALE Colored	William Henry Colbert Jr.	8	7
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Male	Colored	Widowed	4-1-1955
9. AGE last birthday yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
4	Waiter	Waiter	Maryland
12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
USA	William Colbert	Mabel Brown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unk.)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
No	160	William Colbert Jr., 1970 West Street	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
57.5 IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		Interstial Obstruction	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 8-7-55, 1955, to 8-7-55, 1955, that I last saw the deceased alive on 8-7-55, 1955, and that death occurred at 8:50 P.M. from the causes and on the date stated above. SIGNATURE <i>WT Colber</i> ADDRESS (Street, city, town, state) <i>41 Edgewater St</i> DATE SIGNED <i>8-7-55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 8-9-55	NAME OF CEMETERY OR CREMATORIAL Hope Chapel	LOCATION (City, town, or county) EDgewater Md.
24. REC'D BY REGISTRAR Date Aug 9 1955	REGISTRAR'S SIGNATURE John J. Tracy	25. FUNERAL DIRECTOR'S SIGNATURE William Reese II	ADDRESS 108 W. Wash. St ANNAPOLIS, Md.
4545 615 6157			

二〇一九

242 *W. H. Dall*

1970-1971

19. 11. 1998. 10.30 hrs. -

18. *Yucca whipplei* (Trev.) Greene

1. *U. S. A. - 1944*

Digitized by srujanika@gmail.com

925 Bradysia

THE MUSICAL CLOTHES

Mathematics Curriculum

14

10. 3. 1962 - 1963

$$-1 + \frac{1}{2} = -\frac{1}{2}$$

77

1960-61
1961-62

100% of the time, the system is able to correctly identify the target class.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07339

7330

CERTIFICATE OF DEATH

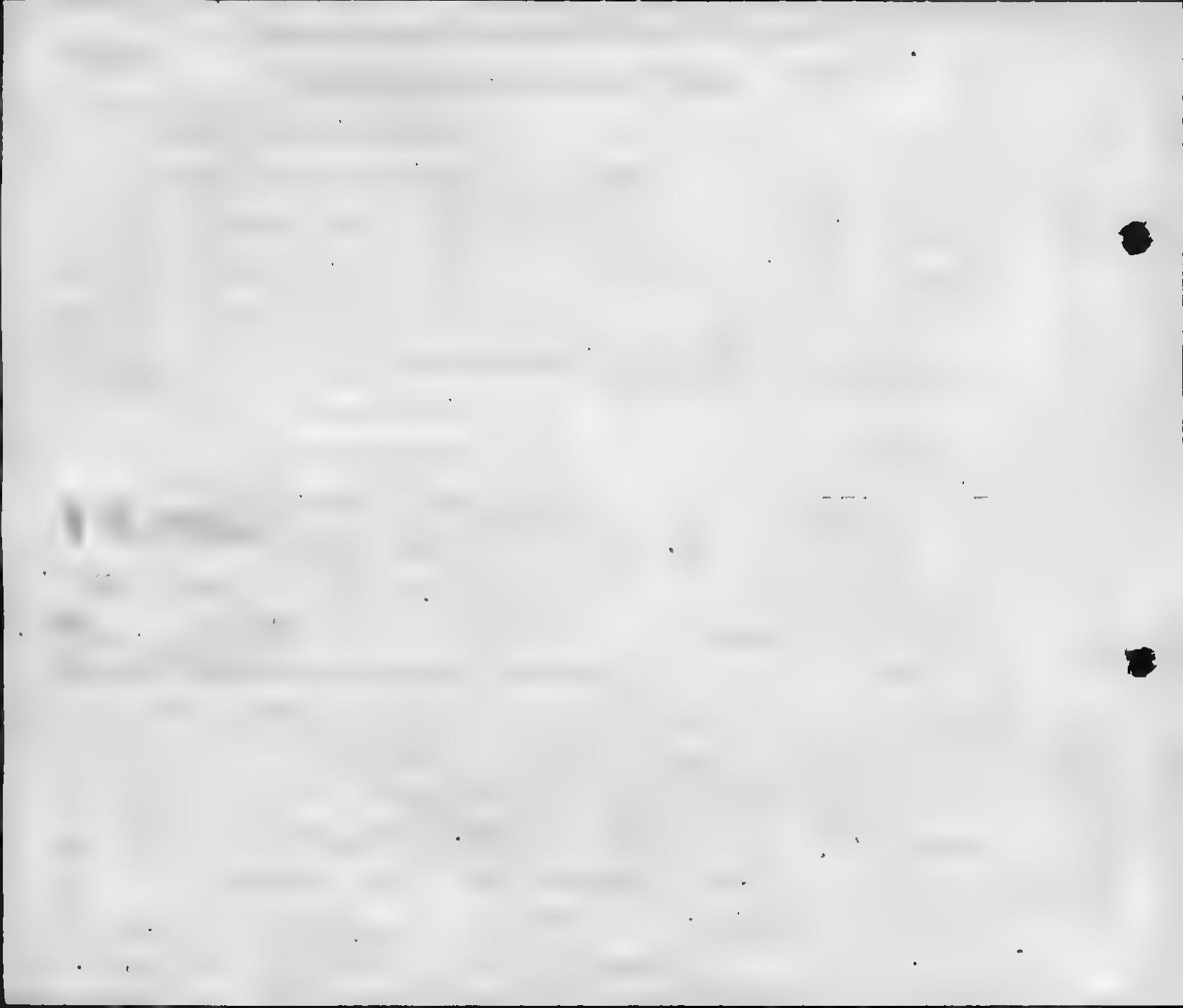
Reg. Dist. No. 21

1
X
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filed in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

INSTRUCTIONS

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY TOWN 10	Anne Arundel Annapolis	MARYLAND LENGTH OF STAY (in this place)	STATE Maryland CITY OR TOWN 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10	Anne Arundel General Hospital		STREET ADDRESS Annapolis, (if rural give location)
3. NAME OF (First) (Type or Print)	(Middle)	(Last)	76 East Street
NATHAN		COOPER	4. DATE DEATH August 30, 1955
S. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH March 8, 1890
9. AGE last birthday 65 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor	10b. KIND OF BUSINESS OR INDUSTRY Custom tailor shop	11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME Morris Cooper		
14. MOTHER'S MAIDEN NAME Sadie Diamond			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No
16. SOCIAL SECURITY NO. 7			17. INFORMANT & ADDRESS Mrs Anne Cooper- same as # 2
18. MEDICAL CERTIFICATION <i>Ac. Cardiac Dilatation c Pulmonary edema Cirrhosis of liver ; ascites, th 1 yr.</i>			
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 581.0 IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) (C)			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. DATE OF OPERATION		21b. MAJOR FINDINGS OF OPERATION	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21e. ACCIDENT WAS UNDER YING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at..... P.M., from the causes and on the date stated above. SIGNATURE <i>Maurice Klavans</i> M.D. ADDRESS (Street, city, town, state) DATE SIGNED Sept. 1, 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal		DATE THEREOF September 1, 55	NAME OF CEMETERY OR CREMATORIUM Montefiore Cemetery
24. REC'D BY REGISTRAR DATE Sept. 1, 1955		REGISTRAR'S SIGNATURE <i>O. Council</i>	25. FUNERAL DIRECTOR'S SIGNATURE HOPPING FUNERAL HOME Philadelphia, Pa.
			ADDRESS ANNAPOLIS, MD.



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

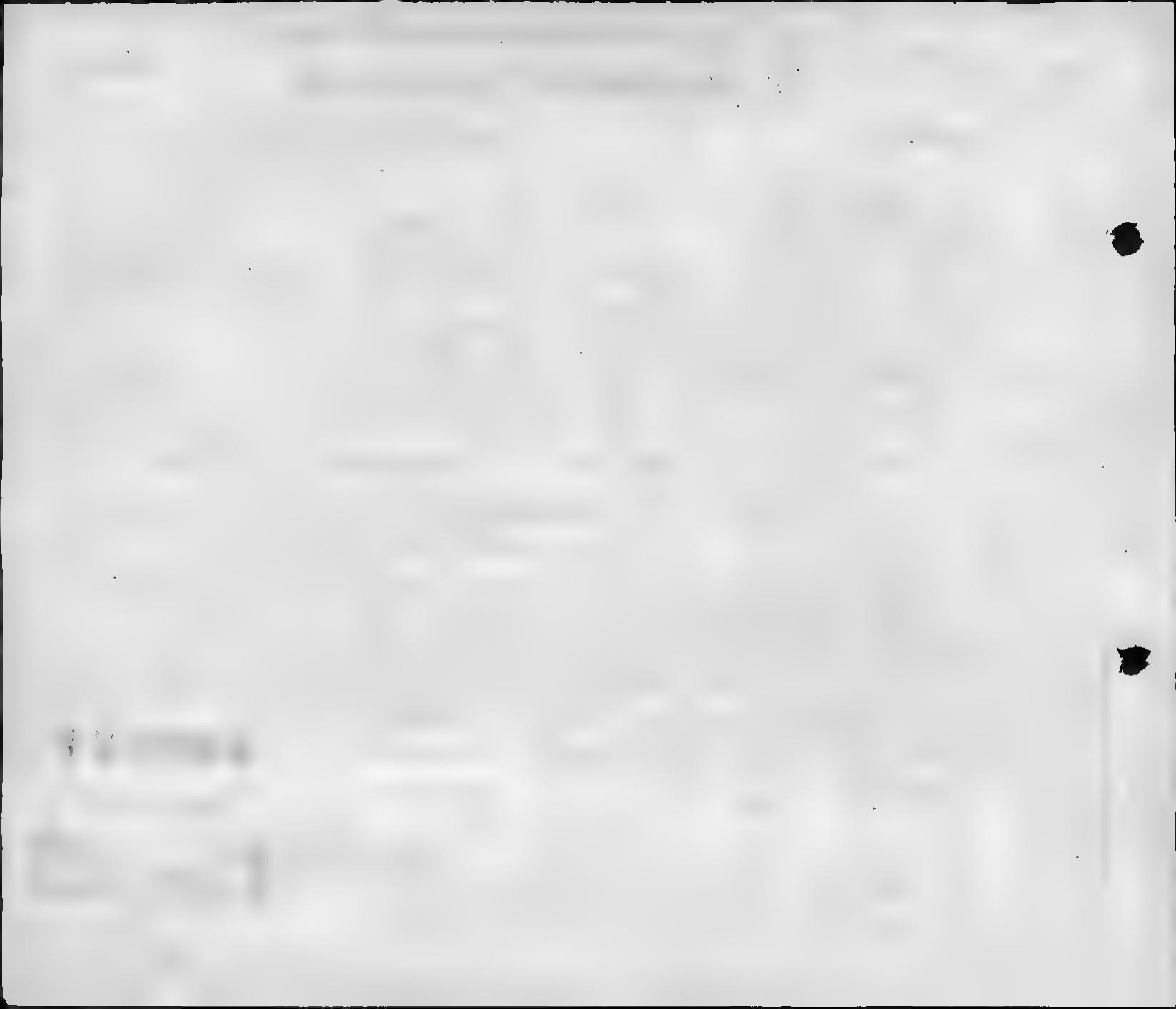
7361

CERTIFICATE OF DEATH

07340

Reg. Dist. No. 24

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	Anne Arundel Glen Burnie	MARYLAND LENGTH OF STAY (In this place)	Maryland Glen Burnie
HOSPITAL OR INSTITUTION OR STREET ADDRESS	120 Marie Ave., N.E.		
3. NAME OF DECEASED (Type or Print)	Rheba M. Coplin		
4. DATE OF DEATH	August 5, 1955		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Female	White	Married	Oct. 13, 1892
9. AGE last birthday yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. Hours Min.
62			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
Housework		Own Home	Baltimore, Maryland
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Harry		Mamie Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or ask.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or details of service)		None	
17. INFORMANT & ADDRESS		120 Marie Ave. Glen Burnie, Md.	
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		Cerebral Hemorrhage Hypertension	
3 days years			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
M.		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-1953 to 8-1955, that I last saw the deceased alive on 8-4-55, 1955, and that death occurred at 5 P.M. from the causes and on the date stated above. SIGNATURE: <i>Conrad McDonald MD</i> ADDRESS (Street, city, town, state): <i>Glen Burnie, Md.</i> DATE SIGNED: <i>8-5-55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY): <i>Burial</i>		DATE THEREOF: <i>August 8, 1955</i>	NAME OF CEMETERY OR CREMATORIAL: <i>Baltimore National Cemetery</i>
24. REC'D BY REGISTRAR DATE: <i>Aug. 6, 1955</i>		REGISTRAR'S SIGNATURE: <i>L. J. DeAlba</i>	LOCATION (City, town, or county): <i>Baltimore, Maryland</i>
		25. FUNERAL DIRECTOR'S SIGNATURE: <i>Richard V. Wrightson</i>	ADDRESS: <i>Glen Burnie, Md.</i>



7331

07341
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK, Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY A. A. County

MARYLAND

CITY (If outside corporate limits, write RURAL
OR
and give nearest town)
TOWN AnnapolisLENGTH OF STAY
(in this place)
Transient

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY A.A.

CITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWN Drury, MarylandSTREET ADDRESS (If rural, give location)
Wayson's CornerHOSPITAL OR D.O.A.
INSTITUTION OR
STREET ADDRESS

Anne Arundel General Hospital

3. NAME OF
DECEASED:
(Type or Print)

(First) Cleve

(Middle)

(Last) CRINER

4. DATE
OF
DEATH(Month) (Day) (Year)
8 26 1955

5. SEX:

6. COLOR OR
RACE:
Male White7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)
Married

8. DATE OF BIRTH:

--

9. AGE last birthday:

38 yrs.

IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): Laborer10b. KIND OF BUSINESS OR
INDUSTRY: Sawmill

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT
COUNTRY?
U.S.A.

13. FATHER'S NAME:

Clarence Criner

14. MOTHER'S MAIDEN NAME:

Alice Sheldon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service) Yes W.W.II.

16. SOCIAL SECURITY NO.: ---

17. INFORMANT & ADDRESS:

Mrs. Pauline O'Neal
West River, Md.INTERVAL BETWEEN
ONSET AND DEATH

2 hrs.

18. MEDICAL CERTIFICATION

910.3
Immediate cause(a) Due to
DUE TOInevitable Shock - due to
Inherent injuries

Antecedent cause(s)

Diseases or conditions, if any, (b)...
giving rise to the above cause DUE TO
stating underlying cause last (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No

(State)

21a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY)

21c. (City or town)

(County)

(State)

Aslo

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY 8 26 1955 1 P.M.21e. INJURY OCCURRED
While at Not while
work at work

21f. HOW DID INJURY OCCUR?

By fall on subject

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
SIGNATURECHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.DATE SIGNED
M. D. 8/26/5523. BURIAL, CREMATION,
REMOVAL (Specify):EMX Removal
DATE REC'D BY LOCAL
REG.

DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)

Aug. 27, 1955 Vaughan-Guynn Funeral Home Galax, Va.
REGISTER'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

Aug. 29, 1955 Tim J. French Ritchie Bros. Funeral Home, Marlboro, Md.

BUREAU V

SEP 1 1955

07342

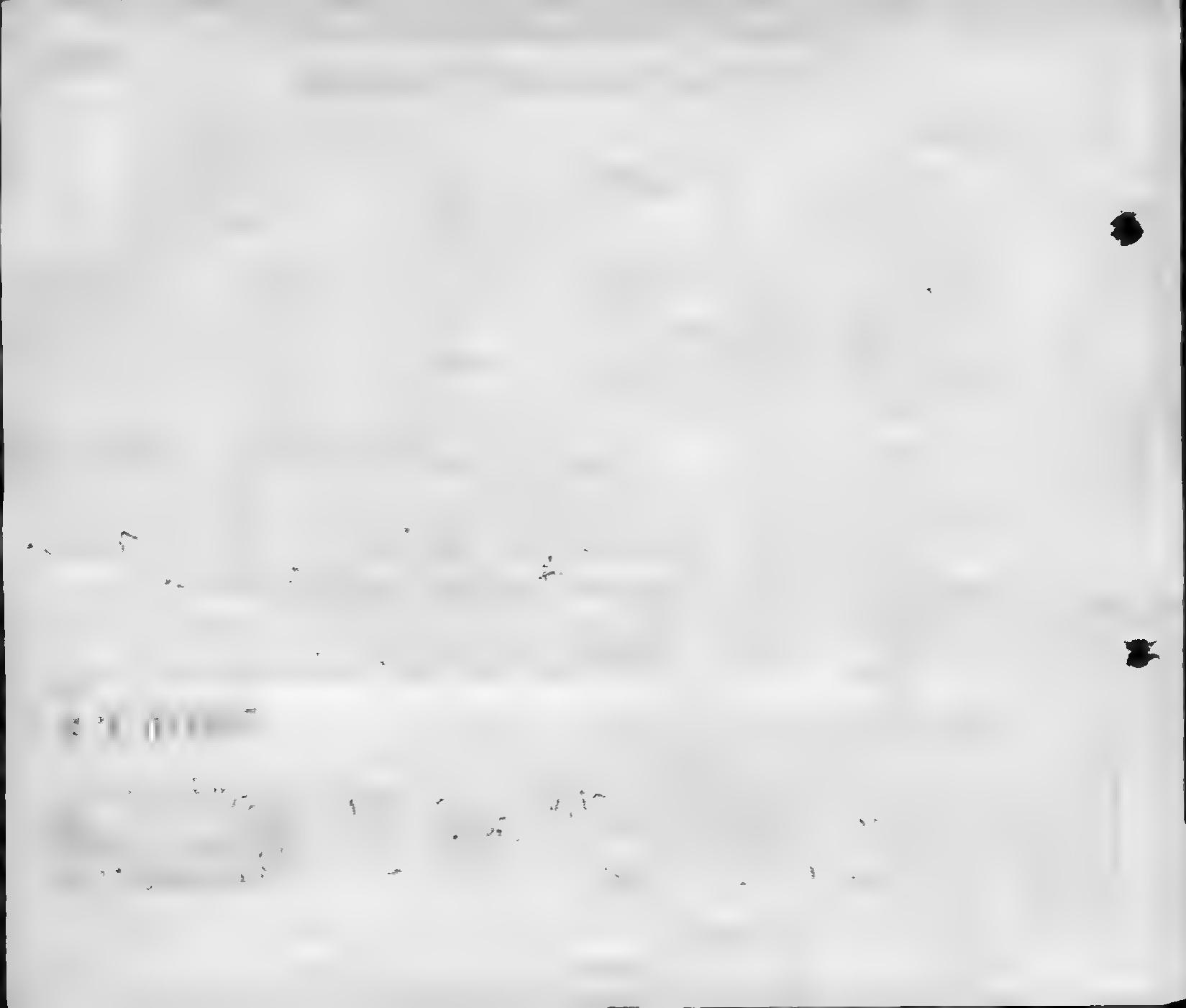
7332 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR TOWN)	LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY STREET ADDRESS (If rural give location)
Anne Arundel 10 Annapolis		Anne Arundel 11 Annapolis	111 Acacia St.
3. NAME OF DECEASED (First) (Middle) (Last)		4. DATE OF DEATH	
Caroline		Aug. 1, 1955	
S. SEX Female	COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	B. DATE OF BIRTH March 29, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Can Home	11. BIRTHPLACE (State or foreign country) Arnold, Md.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Edward Spriggs	14. MOTHER'S MAIDEN NAME Mary Frances		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no; or unk)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Mrs. J. J. Steele #2	18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 7 days.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 332X IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		Cerebral Hemorrhage cerebellar general anoxia clonus.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Stroke Illness.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 20d. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, of injury street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County)	(State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/14 1955 to 8/1 1955, that I last saw the deceased alive on 8/1 1955 and that death occurred at 5:45 A.M. from the causes and on the date stated above. SIGNATURE Maurice K. Stevens M.D.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 8-7-1955	NAME OF CEMETERY OR CREMATORIAL Asbury M. & L. Dist.	LOCATION (City, Town, or County) Arnold Ad.
24. REC'D BY REGISTRAR DATE 8-3-1955	REGISTRAR'S SIGNATURE Council	25. FUNERAL DIRECTOR'S SIGNATURE John H. Taylor & Sons (Maurice K. Stevens)	ADDRESS

NOTICE TO PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08326
Item 7, File No. 9-1-55 et 22

7362 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL LENGTH OF STAY
OR and give nearest town) (in this place)
TOWN LAUREL 5 months

HOSPITAL OR DISTRICT TRAINING School

3. NAME OF (First) (Middle) (Last)

4. SEX: MALE 6. COLOR OR RACE: NEGRO 7. SINGLE, MARRIED, WIDOWED, DIVORCED.
(Specify): Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

13. FATHER'S NAME:

NATHANIEL TAYLOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

578X IMMEDIATE CAUSE

(A) DUE TO

INANITION

INTERVAL BETWEEN
ONSET AND DEATH

20 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

Intestinal Toxemia

(C)

HYDROCEPHALIC Idiot

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

M.

21E. INJURY OCCURRED While Not while at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 8, 1955, to Aug 28, 1955, that I last saw the deceased alive on Aug. 28, 1955, and that death occurred at 2:45 P.M. from the causes and on the date stated above.
SIGNATURE

ADDRESS DATE SIGNED

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY) Aug 31-55 District Training School Baltimore, MD

DATE REC'D BY LOCAL REGISTRAR Aug 28-55

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

Eliza Basilea Miller, Melvin Washington



MARYLAND

7363

07343

STATE DEPARTMENT OF HEALTH

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Last) (Month) (Day) (Year)	
5. SEX Female White		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 9/3/82	
10a. USUAL OCCUPATION (Give kind of work done during past working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Housewife	
11. FATHER'S NAME Stephens Fitz		12. CITIZEN OF WHICHEVER COUNTRY Austria	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		14. MOTHER'S MAIDEN NAME Unknown	
15. SOCIAL SECURITY NO.		16. INFORMANT AND ADDRESS Mr. Nicholas J. Dupski, 3940 Brooklyn Avenue	
17. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 Immediate cause (a).... Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b).... (c)....			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			
19a. DATE OF OPERATION 17/7/55		19b. MAJOR FINDINGS OF OPERATION Fall - shoulder fracture	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	
22. TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
23. I hereby certify that I attended the deceased from 5/8/55, to 8/10/55, that I last saw the deceased alive on 8/10/55, and that death occurred at ADDRESS from the causes and on the date stated above. SIGNATURE <i>Robert Anderson MD.</i> DATE SIGNED <i>8/10/55</i>			
24. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county, (State) Brooklyn, Maryland	
DATE REC'D BY LOCAL REG. OFF.		REG. OFFICER'S SIGNATURE <i>Aug 11, 1955 W. H. Hedrick</i>	
25. FUNERAL DIRECTOR ADDRESS		<i>Wm. J. Tickner & Sons, Suite 17, Md.</i>	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filed in by the funeral director, the third copy of this certificate may be retained by the funeral director for ~~use~~ ^{use} in attaching a burial permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08327

8332

CERTIFICATE OF DEATH

22

Item 9, Film G187 9-28-55 et

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Anne Arundel
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town)
 TOWN Severn

MARYLAND
 LENGTH OF STAY
 (in this place)

HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS

Camp Meade Road

3. NAME OF
 DECEASED
 (Type or Print)

5. SEX

(First) Henrietta - (Middle)

6. COLOR OR
 RACE

Female White

7. SINGLE, MARRIED,
 WIDOWED, DIVORCED,
 (Specify)

Married

10a. USUAL OCCUPATION (Give kind of work
 done during most of working life, even if
 retired)

Housework

10b. KIND OF BUSINESS
 OR INDUSTRY

own Home

13. FATHER'S NAME

Basil Griffith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no, or unk.)

(If Yes, give war or dates of service)

7/20

16. SOCIAL SECURITY NO.

Name

17. INFORMANT & ADDRESS

Mr. Wesley Durmer, Severn, Md.

Anne Arundel Co., Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Emily Hawkins

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X IMMEDIATE CAUSE (A) CEREBRAL THROMBOSIS

ANTECEDENT CAUSE(S) DUE TO (B) CEREBRAL ARTERIOSCLEROSIS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST, DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

1wk.

4 yrs.

—

—

—

—

—

20. AUTOPSY? YES NO

(State)

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED M. 21f. HOW DID INJURY OCCUR?

21e. While Not while at work at work

22. I hereby certify that I attended the deceased from Sept. 19, 1953, to Aug. 28, 1955, that I last saw the deceased alive on Aug. 27, 1955, and that death occurred at 1:40 A.M. from the causes and on the date stated above.

ADDRESS (Street, city, town, state)

DATE SIGNED

Signature Leo C. Lewis M.D. 201 B+A Blvd Glen Burnie Md. 8-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)

Burial Sept. 1, 1955 Glen Haven Glen Burnie, Md.

24. RECD BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Date Sept 7-55 Clara Heaslip P. J. Hightower, 201 B+A Blvd, Glen Burnie, Md.

VS A15C-155 (04)



7364

07344

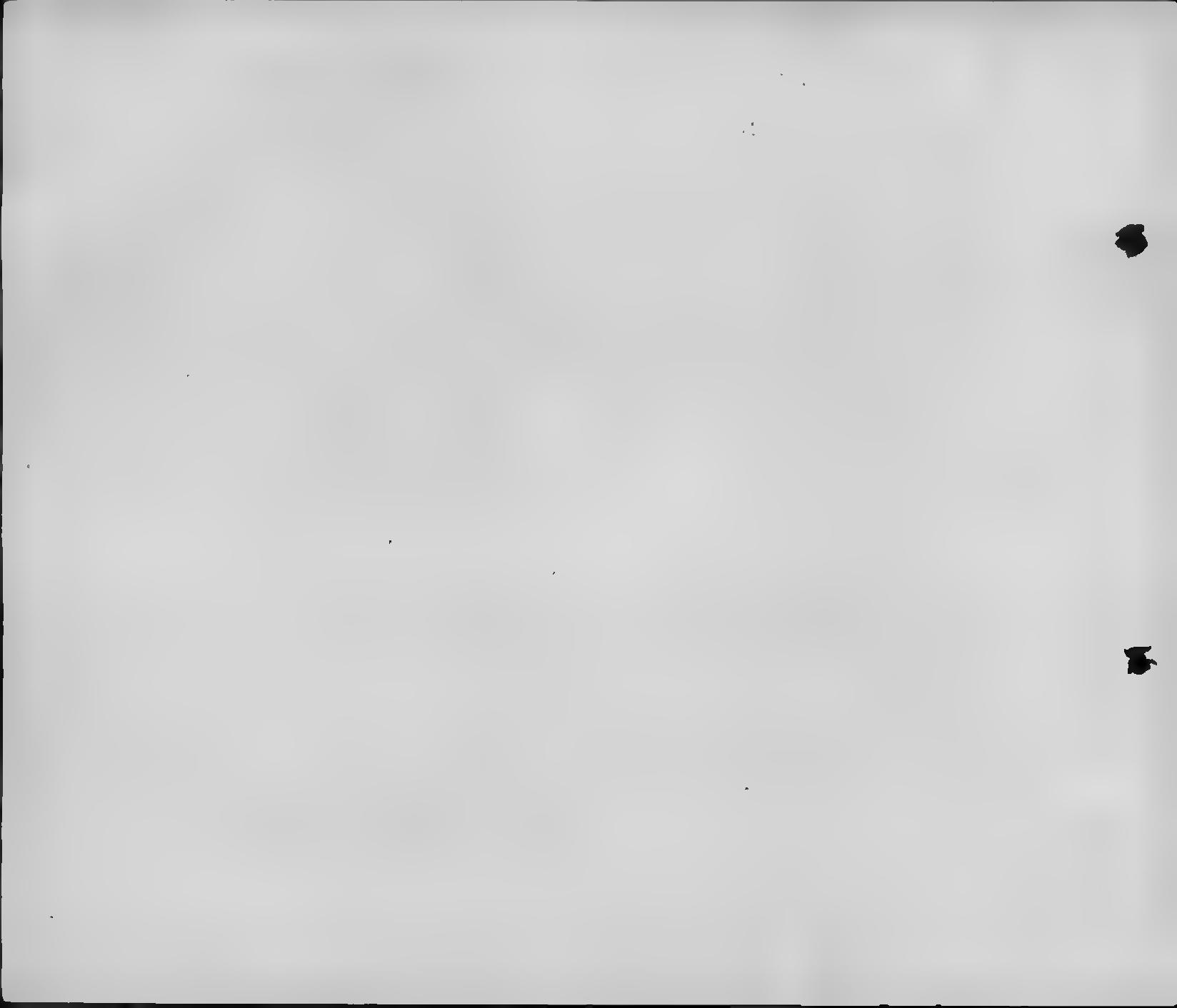
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Anne Arundel MARYLAND		STATE D. C. COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fort Meade		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fort Meade		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (Type or Print) DOROTHY WEESE EDELEN		4. DATE OF DEATH 8 15 19 55	
5. SEX: Female RACE: White		6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Waitress		8. DATE OF BIRTH: August 6, 1930	
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant		9. AGE last birthday: 25 yrs	
11. BIRTHPLACE (State or foreign country): White Sulphur Springs, W. Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Henry Weese		14. MOTHER'S MAIDEN NAME: Josephine Mullens	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Harvey M. Weese Baltimore 2809 Page Drive 22 Md.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			
X Immediate cause (a) Depressed skull fracture, left frontal and DUE TO			
Antecedent cause(s) (b) sphenoid bones Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Street	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 8/15/55 2:45 P.M.		21e. INJURY OCCURRED While at Not while work <input type="checkbox"/> at work <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Auto-auto collision			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE William J. Cook			
23. BURIAL, CREMATION, REMOVAL (Specify): Removal		DATE THEREOF Aug. 18, 1955 NAME OF CEMETERY OR CREMATORIUM Watco Cemetery LOCATION (City, town, or county) White Sulphur Springs W. Va. (State)	
DATE REC'D BY LOCAL REG. 17-354-174		REG. 17-354-174 REGISTER'S SIGNATURE	
24. FUNERAL DIRECTOR		ADDRESS Wm Cook - Blight, Inc. 6009 Harford Road	



TO ATTENDING PHYSICIAN OR HOSPITAL The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A1SC-55 10A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
7365 CERTIFICATE OF DEATH

08242

Item 9, FilmG186 9-19-55 et

Reg. Dist. No. 27

1. PLACE OF DEATH

COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN Fort George G. Meade

MARYLAND

LENGTH OF STAY
(in this place)
15 days

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE D.C.
CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN Washington

COUNTY

STREET ADDRESS (If rural give location)
6303 Livingston Rd.S.E.

16x-2

3. NAME OF
DECEASED
(Type or Print)

WILMER

R.

EDELEN

(First) (Middle) (Last)

4. DATE (Month) (Day) (Year)
OF DEATH August 30 1955

5. SEX Male

6. COLOR OR
RACE White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify) Married

B. DATE OF BIRTH

December 23, 1912

9. AGE last birthday
43 yrs.

IF UNDER 1 YEAR
Months Deys Hours Min

10e. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired) Painter

10b. KIND OF BUSINESS
OR INDUSTRY Unknown

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT
COUNTRY? USA

13. FATHER'S NAME

Richard Edelen

14. MOTHER'S MAIDEN NAME

Georgie Wilkinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO

Unknown

17. INFORMANT & ADDRESS Mrs. Joseph Duley,
same as block #2.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

911Y. IMMEDIATE CAUSE (A) Contusion of Brain

ANTECEDENT CAUSE(S) DUE TO
DISEASES OR CONDITIONS, IF ANY, (B) multiple injuries due to auto accident
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST. DUE TO
(C)

INTERVAL BETWEEN
ONSET AND DEATH
15 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory,
of INJURY street, office bldg., etc.)
Street

21c. WHERE DID INJURY OCCUR? (City or town)
(County) (State)

Annapolis Md. Ft GG Meade A.A. Ad.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

2:30 AM Aug 30 1955

(Hour)

21e. INJURY OCCURRED
While at work Not while
at work at work

21f. HOW DID INJURY OCCUR?

Head on collision

22. I hereby certify that I attended the deceased from August 15 1955, to August 31, 1955, that I last saw the deceased alive on August 31, 1955, and that death occurred at 2050 PM, from the causes and on the date stated above.

SIGNATURE

HERBERT L. NEEDLEMAN, 1ST LT MC M.D. ADDRESS (Street, city, town, state)

DATE SIGNED

Fort G.G. Meade, Maryland August 30, 1955

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF 9-2-55

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

Trinity Cemetery

Upper Marlboro, Md.

24. REC'D BY REGISTRAR

REG'D BY
Anne Arundel Co. MD
Aug 30 1955

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Ritchie Bros, Upper Marlboro, Md.

6 SEP

08333

MARYLAND

7366

STATE DEPARTMENT OF HEALTH

Reg. Dist. No. 22

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY		Anne Arundel MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE		Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Barboursville		7 yrs		TOWN Barboursville			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)		(First) Mollie	(Middle) Virginia	(Last) Garrison	4. DATE OF DEATH		(Month) August 17 (Year) 1945
5. SEX		6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH		9. AGE last birthday	
F		W		June 6, 1900		55 yrs	11 under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Barboursville		Own home		Denton, Maryland		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
John Thomas Garrison		Sarah Jane Beckett					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION	
No				123 Fregan Way Mary E. Eastern, Baltimore 24 Md.		INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <p>Immediate cause (a) <i>Arteria Coronary Occlusion</i> Antecedent cause(s) (b) <i>Decompensation, Cardiac</i> <i>Arterio-sclerosis, Advanced.</i> <i>Diabetes Mellitus</i></p>							
<p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
None		None		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, or office building, etc.) OF INJURY		(CITY OR TOWN)		(COUNTY)	
None		None		None		(STATE)	
TIME (Month Day Year) (Hour) OF INJURY		INJURY OCCURRED While at Work At Work		HOW DID INJURY OCCUR?			
None		None		None			
<p>22. I hereby certify that I attended the deceased from 3/18, 1955, to 8/1, 1955, that I last saw the deceased alive on 8/17/55, and that death occurred at 5:15 a.m., from the causes and on the date stated above.</p> <p>SIGNATURE <i>B. L. Buckner M.D.</i> ADDRESS <i>Laurel, Md.</i> DATE SIGNED <i>8/17/55</i></p>							
23. BURIAL, CREMATION REMOVAL (Specify)		DATE		NAME OF CEMETERY OR CREMATORIUM		LOCATION (City, town, or county) (State)	
Burial		Aug 19 1955		Any Hill Cemetery		Laurel, Maryland	
DATE REC'D BY LOCAL REG. #		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
Aug 19 1955		Clara D. Paschup		W. W. McDonald		Laurel, Md.	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7367

CERTIFICATE OF DEATH

07345

Reg. Dist. No.

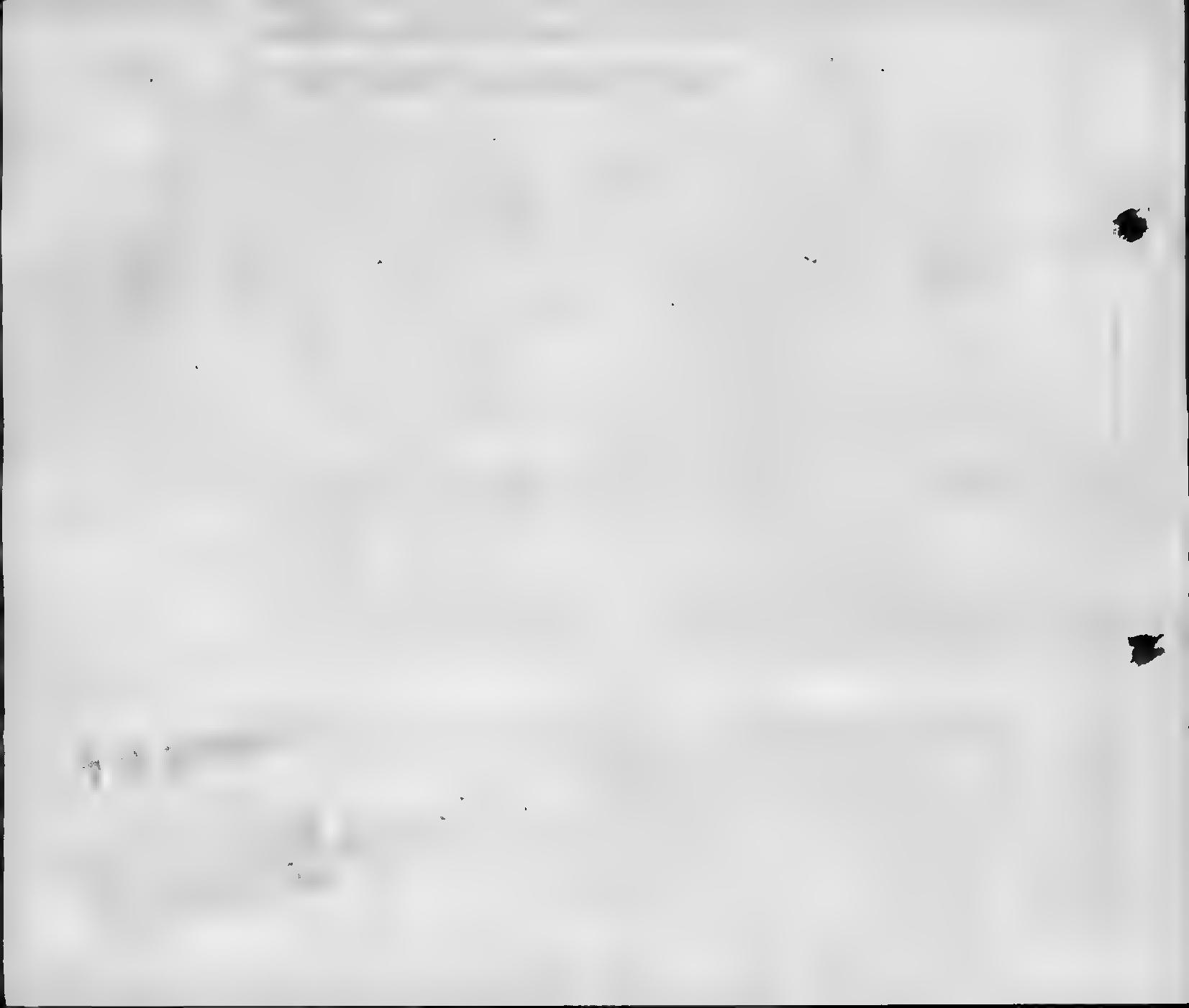
INSTRUCTIONS:

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 155-10W

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <i>Anne Arundel</i>	MARYLAND	STATE <i>Maryland</i>	COUNTY <i>Anne Arundel</i>
CITY (If outside corporate limits, write RURAL OR end give nearest town) <i>Riva</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Riva</i>	
LENGTH OF STAY (In this place) <i>1 year</i>		STREET ADDRESS <i>Sylvan Shores</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>00 Sylvan Shores</i>			
3. NAME OF DECEASED (Type or Print) <i>George E. Gray</i>		4. DATE (Month) (Day) (Year) OF DEATH <i>Aug 4th 1955</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>married</i>	8. DATE OF BIRTH <i>Aug 9th 1889</i>
9. AGE last birthday <i>67 yrs.</i>	10. KIND OF BUSINESS OR INDUSTRY <i>Ref. Supervisor merchandise</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Maryland</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>— Gray —</i>	
14. MOTHER'S MAIDEN NAME <i>Annie —</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>	
16. SOCIAL SECURITY NO. <i>215-05-3648A</i>		17. INFORMANT & ADDRESS <i>Edna H. Gray, Riva, Md.</i>	
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>42.1 IMMEDIATE CAUSE (A) coronary heart disease ANTECEDENT CAUSE(S) DUE TO (B) coronary occlusion DISEASES OR CONDITIONS, IF ANY, (B) giving rise to the above cause STATING UNDERLYING CAUSE LAST. DUE TO (C)</i>		<i>7 years</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of injury street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from.....		alive on....., 19....., and that death occurred at....., 19....., that I last saw the deceased	
SIGNATURE <i>Edith Preller</i>		ADDRESS (Street, city, town, state) <i>M.D. 45 Franklin St. Baltimore, Md.</i>	
DATE THIRTEEN <i>8/8/55</i>		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		NAME OF CEMETERY OR CREMATORIAL <i>Oak Lawn Cemetery, Baltimore Co., Md.</i>	
24. REC'D BY REGISTRAR DATE <i>Aug. 9, 1955</i>		LOCATION (City, town, or county) (State) <i>Wm. Cook Inc., 1257 8th Street</i>	
REGISTRAR'S SIGNATURE <i>Louis J. De Allegro</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	



INSTRUCTIONS

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 155 104

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Items 2, 11, 12, 17, 14 File # 1-5 8-29-55 et

7368

CERTIFICATE OF DEATH

0734626

Reg. Dist. No. 24

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR TOWN give nearest town)	MARYLAND LENGTH OF STAY (in this place)	STATE D. C. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY -- Washington (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS 1708 2nd St., N.W.	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
(First) Justice		8th 20th 1955	
S. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Sept 21-1871
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 63 yrs.
13. FATHER'S NAME William Wilkes		14. MOTHER'S MAIDEN NAME Sadie Thompson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO	17. INFORMANT & ADDRESS Probable Coronary Occlusion, 5 min. History of hypertension
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
423.1 IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		5 min.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH		3?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour)		21d. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
M. at work		Not white <input type="checkbox"/> at work <input type="checkbox"/>	
21e. INJURY OCCURRED White <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? stated to have died the deceased during life	
22. I hereby certify that I attended the deceased 1911, 19 to 19 that I last saw the deceased alive on 19 and that death occurred at 2:30 P.M. from the causes and on the date stated above. SIGNATURE Acting Medical Examiner ADDRESS (Street, city, town, state) DATE SIGNED F. J. Hendricks, M.D., Harry L. Margolis, 20 Aug 55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 8-23-55 Lincoln Memorial	NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town or county) In the
24. REC'D BY REGISTRAR DATE 8-23-55		REGISTRAR'S SIGNATURE Suzanne L. Dent, R.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Letter to the deceased 100-7th Street

Y. A. M. Y. A.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07347

7369 CERTIFICATE OF DEATH

Reg. Dist. No. 27

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

INSTRUCTIONS

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Anne Arundel CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Ft Geo G. Meade		MARYLAND LENGTH OF STAY (In this place) 1 year	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 Ft Geo G Meade, Md. USAH		STATE W. Va. COUNTY Kanawha CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charleston	
3. NAME OF DECEASED (First) William (Middle) Harlow (Last) Groah (Type or Print)		4. DATE OF DEATH Aug 23 1955 (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Apr 27 1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY US ARMY	
11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY? W. Va.	
13. FATHER'S NAME Harlow Groah		14. MOTHER'S MAIDEN NAME Ida Mae Lee	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT & ADDRESS Mrs. Bessie Groah 1729 C, Forrest Ave, Ft Meade, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE (A) Acute myocardial infarction, posterior wall ANTECEDENT CAUSE(S) DUE TO left ventricle, Thrombosis circumplex DISEASES OR CONDITIONS, IF ANY, (B) coronary artery GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from.....D.O.A., 19....., to....23 August 1955, that I last saw the deceased alive on....., 19....., and that death occurred at.....M, from the causes and on the date stated above. SIGNATURE <i>MELVYN ROBERT L. Saylor</i> 23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i> 24. REC'D BY REGISTRAR DATE 23 Aug 55			
DATE THEREOF <i>8-24-55</i>		NAME OF CEMETERY OR CREMATORIUM <i>Sunset Memorial Cemetery</i> LOCATION (City, town, or county) <i>Charlestown, W. Va.</i>	
REGISTRAR'S SIGNATURE <i>John J. Saylor</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>WM. E. Saylor, 1/Lt MSC</i> ADDRESS <i>WM. COOK, INC., BALTO., MD.</i>	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7370

CERTIFICATE OF DEATH

07348

Film C 186, 9-22-55 Items 13&14 bh

Reg. Dist. No.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 2 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 155 10M

INSTRUCTIONS

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	a a Fair Haven	MARYLAND LENGTH OF STAY (in this place)	STATE MD COUNTY MD CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Fair Haven STREET ADDRESS (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		20 yrs	
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year) OF DEATH Aug 27 1955	
5. SEX M	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 15 May 1882
10e. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Samuel Thomas Gross		11. BIRTHPLACE (State or foreign country) Anne Arundel County	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. 217-09-1685A	
		17. INFORMANT & ADDRESS. Carrie A Smith, 511 N. Calle, 110	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.0 IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, ■ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		18. MEDICAL CERTIFICATION Congestive heart failure Arteriosclerotic heart disease several years	
INTERVAL BETWEEN ONSET AND DEATH 3 Months			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Pneumonia - 5 mos ago -			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 19, to April 19, ..., that I last saw the deceased alive on April 19, ..., and that death occurred at 11:30 AM, from the causes and on the date stated above.			
SIGNATURE H. Hendrick		ADDRESS (Street, city, town, state) Shady Side Place House 8/27/55	
DATE SIGNED 8/27/55		DATE SIGNED 8/27/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Aug 29/55	
NAME OF CEMETERY OR CREMATORIUM Union Chapel		LOCATION (City, town, or county) McKenree	
24. REC'D BY REGISTRAR DATE 8/27/55		REGISTRAR'S SIGNATURE Edward William	
		25. FUNERAL DIRECTOR'S SIGNATURE Bernard Hardisty	
		ADDRESS	

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AIFSC 1-55 10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

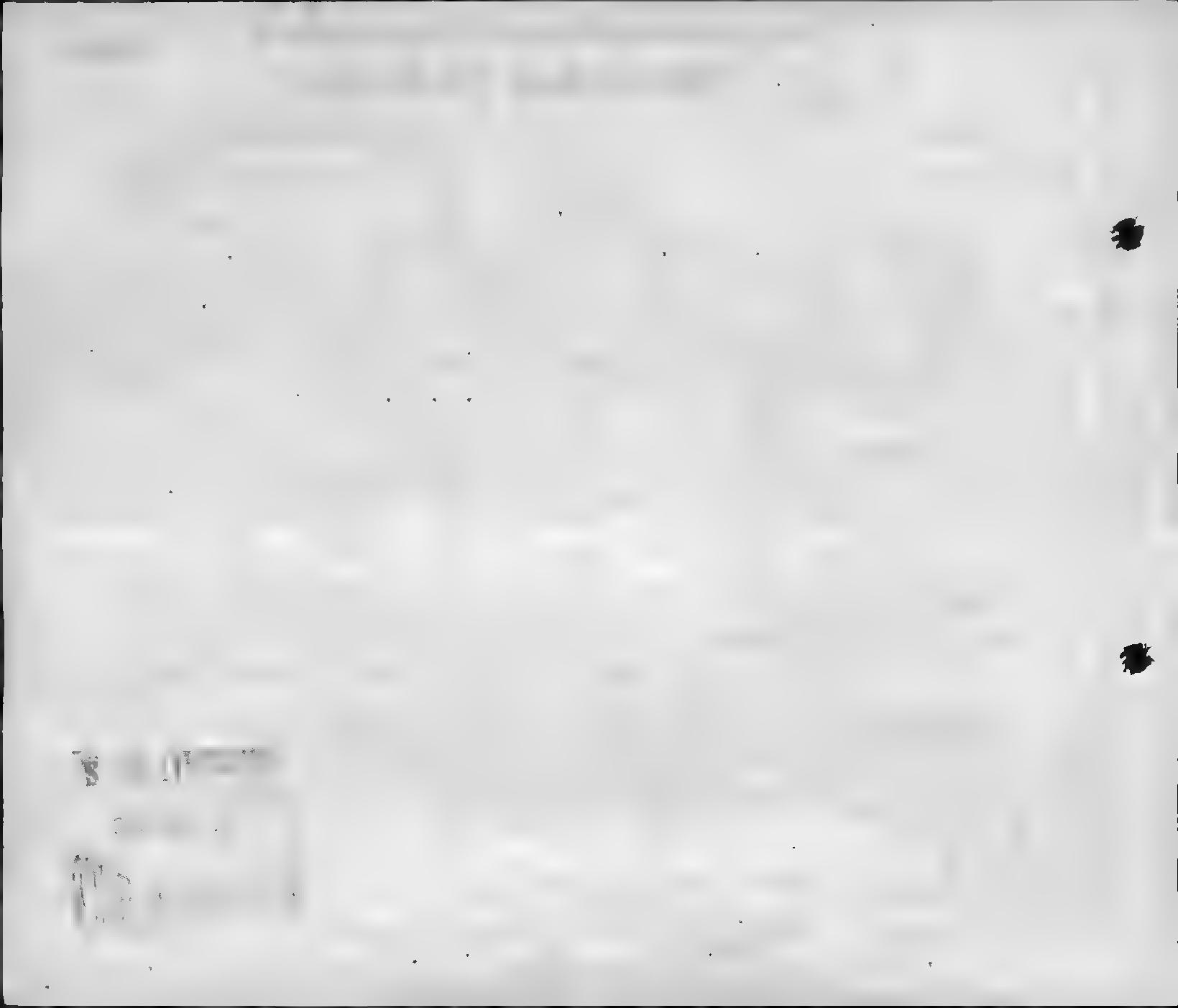
07349

7333

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY CITY TOWN		Anne Arundel If outside corporate limits, write RURAL Annapolis		MARYLAND LENGTH OF STAY in this place 75 yrs.		STATE Maryland CITY TOWN Annapolis	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 30 Lafayette Av.				COUNTY Anne Arundel STREET ADDRESS (If rural give location) 30 Lafayette Ave.			
3. NAME OF DECEASED (First) (Middle) (Last) CARRIE ELIZABETH HARRIS				4. DATE OF DEATH (Month) (Day) (Year) August 19, 1955			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH June 27, 1877	9. AGE last birthday 78 yrs.	IF UNDER 1 YEAR Months Days Hours Min		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) A. A. Co., Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Steven Johnson				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Edna Harris -Lafayette Ave. -Annapolis			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 443 X IMMEDIATE CAUSE (A) <i>Arteriosclerotic Hypertension</i> ANTECEDENT CAUSE(S) DUE TO (B) <i>Cardiovascular disease grade III</i> (C) <i>4 months</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>HTN</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 4, 1955, to August 19, 1955, that I last saw the deceased alive on August 19, 1955, and that death occurred at 10:45 AM, from the causes and on the date stated above.							
SIGNATURE <i>R. L. Johnson</i> ADDRESS (Street, city, town, state) <i>110 - Bay Street Annapolis, Md. 20701</i> DATE SIGNED <i>Aug. 22, 1955</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Aug. 22, 1955		NAME OF CEMETERY OR CREMATORIUM Abury Cemetery		LOCATION (City, town, or County) Annapolis, Maryland	
24. REC'D BY REGISTRAR DATE Aug. 22, 1955 ISSEAR'S SIGNATURE <i>J. O'Donnell</i> 25. FUNERAL DIRECTOR'S SIGNATURE <i>Ethel L. Mick</i> ADDRESS <i>45 Northwest St. Annapolis, Md.</i>							



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-55 10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07350

7334 CERTIFICATE OF DEATH

Reg. Dist. No. 2-1

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	MARYLAND LENGTH OF STAY (In this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	COUNTY STREET ADDRESS (If rural give location)
Anne Arundel Annapolis Anne Arundel General		Maryland Anne Arundel Annapolis Baywater Road	
3. NAME OF DECEASED (Type or Print) <i>Frederick C. Harris</i>		4. DATE OF DEATH Aug. 16 1955	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>July 16, 1825</i>
9. AGE last birthday <i>70 yrs.</i>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Superintendent</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (State or foreign country) <i>England</i>
12. CITIZEN OF WHAT COUNTRY <i>USA</i>			
13. FATHER'S NAME <i>Frederick C. Harris</i>		14. MOTHER'S MAIDEN NAME <i>Maria Wright</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>	16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT & ADDRESS <i>Ms. F.C. Harris # 2</i>
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>Gangrenous Cardiac Insuffocation</i>			
420.1 IMMEDIATE CAUSE (A) <i>Gangrenous Cardiac Insuffocation</i>			
ANTECEDENT CAUSE(S) DUE TO (B) <i>Hypertensive Cardio-Vascular Disease</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>-</i>			
INTERVAL BETWEEN ONSET AND DEATH <i>5m.</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
M.		White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at rest <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from ...			
live on <i>8-16-1955</i> , and that death occurred at <i>150 M.</i> from the causes and on the date stated above.			
SIGNATURE <i>Frederick C. Harris</i> M.D. DATE/SIGNED <i>8/18/55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Cremation</i>		1 DATE THEREOF NAME OF CEMETERY OR CREMATORIUM <i>8-18-1955 Ft. Lincoln</i>	
24. REC'D BY REGISTRAR DATE <i>Aug. 18, 1955</i>		REGISTRAR'S SIGNATURE <i>J. O'Donnell</i>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		<i>John M. Taylor & Sons</i>	

117

July 10 1967

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

117351

7371

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>ANNE ARUNDEL</u> MARYLAND CITY (If outside corporate limits, write RURAL OR TOWN) <u>PASADENA</u> LENGTH OF STAY (in this place) <u>2 YRS</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Route 3 Box 17</u>				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u> COUNTY <u>ANNE ARUNDEL</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>PASADENA</u> STREET ADDRESS <u>ROUTE 3 BOX 17</u> <small>(If rural give location)</small>			
3. NAME OF DECEASED <small>(First) (Middle) (Last)</small> <u>MARGARET</u> <u>HATTER</u>				4. DATE OF DEATH (Month) <u>8</u> (Day) <u>25</u> (Year) <u>1955</u> AGE last birthday <u>83</u> <small>Yrs. Months Days Hours Min</small>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>APRIL 14 1872</u>	9. AGE last birthday <u>83</u>	10. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>BALTIMORE</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>BALTIMORE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>HENRY</u>		14. MOTHER'S MAIDEN NAME <u>MARY LOGUE</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> 16. SOCIAL SECURITY NO. <u>NONE</u> 17. INFORMANT & ADDRESS <u>LAWRENCE HATTER 1243 MAIDEN CHOICE</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE <u>(A)</u> <u>Congestive heart failure</u> ANTECEDENT CAUSE(S) DUE TO <u>(B)</u> <u>Arteriosclerotic heart disease</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE <u>(C)</u> STATING UNDERLYING CAUSE LAST.							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) <u>102 BALTIMORE ANNAR</u>		(County) <u>BALTIMORE</u> (State) <u>M.D.</u>	
21d. TIME OF INJURY (Month) <u>Aug.</u> (Year) <u>1955</u> (Hour) <u>10</u> M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19_____, to _____, 19_____, that I last saw the deceased alive on _____, 19_____, and that death occurred at <u>102 BALTIMORE ANNAR</u>, from the causes and on the date stated above. SIGNATURE <u>Joseph Teller</u> ADDRESS (Street, city, town, state) <u>M.D. Allen Brattie, Md.</u> DATE SIGNED <u>8/25/1955</u> BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u> DATE THEREOF <u>Aug. 27 55</u> NAME OF CEMETERY OR CREMATORIY <u>NEW CATHEDRAL CEM.</u> LOCATION (City, town, or county) <u>OLD FREDERICK RD MD.</u> (State) 							
24. REC'D. BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Louis J. Alba</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dippel Bros 1800 E LOMBARD ST</u>			
DATE <u>Aug. 29, 1955</u>							

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07352

7372 CERTIFICATE OF DEATH

Film G 186, 9-22-55 Item 12 & 8 bh

Reg. Dist. No. 26

1. PLACE OF DEATH

COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL
OR end give nearest town)

TOWN Shady Side

MARYLAND

LENGTH OF STAY
(In this place)

6 days

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD

COUNTY AF

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN Shady Side MD

STREET ADDRESS

3. NAME OF
DECEASED
(Type or Print)

Gustave Carl

(Middle)

(Last)

4. DATE (Month)
OF DEATH August 30

19 55

5. SEX

6. COLOR OR
RACE7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)

8. DATE OF BIRTH

MAILED 1955 IN 78 1877 78

9. AGE last birthday

11. BIRTHPLACE (State or foreign country)

10. IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)10b. KIND OF BUSINESS
OR INDUSTRY12. CITIZEN OF WHAT
COUNTRY?
U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT & ADDRESS

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

18. MEDICAL CERTIFICATION

4341 IMMEDIATE CAUSE

(A) Probable Coronary Occlusion

ANTECEDENT CAUSE(S)
DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

DUE TO

(B)

DUE TO

(C)

Congestive Cardiac Failure

INTERVAL BETWEEN
ONSET AND DEATH
immediate

6 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
M. While at work Not while
at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19 55, to Aug. 30 1955, that I last saw the deceased
alive on Aug. 23 1955, and that death occurred at 10:30 A.M. from the causes and on the date stated above.

A.M. ADDRESS (Street, city, town, state)

DATE SIGNED

SIGNATURE
Hendricks

M.D. Shady Side, Md.

31 Aug. 1955

REMOVAL (Specify)

DATE THEREOF
9/1/55NAME OF CEMETERY OR CREMATORIAL
Third Avenue CemeteryLOCATION (City, town, or county)
Baltimore, Md.

(State)

RECD BY REGISTRAR

REGISTRAR'S SIGNATURE
F. B. Dent25 FUNERAL DIRECTOR'S SIGNATURE
H. L. MillerADDRESS
H. L. Miller

DATE

August 30 1955

REGISTRAR'S SIGNATURE
F. B. Dent25 FUNERAL DIRECTOR'S SIGNATURE
H. L. MillerADDRESS
H. L. Miller

SEP 6

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7373

CERTIFICATE OF DEATH

07353

28

Reg. Dist. No.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-5 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <i>Oxon, Anwrel</i>	MARYLAND	STATE <i>Md</i>	COUNTY <i>Anw, Anwrel</i>
CITY (If outside corporate limits, write RURAL OR and give nearest town) <i>Meltonville</i>	LENGTH OF STAY (In this place)	TOWN <i>Annapolis</i>	CITY (If outside corporate limits, write RURAL and give nearest town) <i>Annapolis</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>142 King George St</i>	STREET ADDRESS <i>142 King George St</i>	(If rural give location)	
3. NAME OF DECEASED (Type or Print) <i>Bertha V. Hyde</i>		4. DATE OF DEATH AUG 31 1955	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>W</i>	8. DATE OF BIRTH <i>10/27/1900</i>
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	9. AGE last birthday <i>54</i>
13. FATHER'S NAME <i>John H. Jacobs</i>		14. MOTHER'S MAIDEN NAME <i>Mary E. Drury</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>no</i>	16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT & ADDRESS <i>Hascandell #2</i>	
18. MEDICAL CERTIFICATION			
16a. IMMEDIATE CAUSE <i>Metastatic cancer of brain.</i>		ONSET AND DEATH <i>6 months</i>	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <i>Carcinoma of lung</i>		DUE TO <i>—</i>	
18b. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH		18c. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) <i>—</i>		(County) <i>—</i> (State) <i>—</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Aug 30, 1955</i> , to <i>Sept 1, 1955</i> , that I last saw the deceased alive on <i>Sept 3, 1955</i> , and that death occurred at <i>142 King George St</i> , from the causes and on the date stated above. SIGNATURE <i>John H. Jacobs</i>			
ADDRESS (Street, city, town, state) <i>—</i>			
22. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>9/1/55</i>	NAME OF CEMETERY OR CREMATORIAL <i>Arlington National Cemetery</i>
24. REC'D BY REGISTRAR <i>KM</i>		REGISTRAR'S SIGNATURE <i>John W. Lytle</i>	LOCATION (City, town, or county) <i>—</i> (State) <i>—</i>
DATE <i>9/2-55</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>John W. Lytle & Sons Annapolis, Md.</i>	

23

9225

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09342
Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 11

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town)
 TOWN Jessup LENGTH OF STAY
 (In this place)

HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS Md. House of Correction

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY
 CITY (If outside corporate limits write RURAL and give nearest town)
 OR
 TOWN Baltimore

STREET ADDRESS
 (If rural, give location)

3. NAME OF (First) (Middle) (Last)
 DECEASED: (Type or Print) MELVIN KENNETH JOHNSON

4. DATE (Month) (Day) (Year)
 OF DEATH Aug. 15 1955

5. SEX: Male COLOR OR RACE: Colored

6. SINGLE, MARRIED,
 WIDOWED, DIVORCED,
 (Specify): Single

7. DATE OF BIRTH: July 11, 1925

8. AGE last birthday: 30

IF UNDER 1 YEAR IF UNDER 24 HRS.
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

Louis F. Johnson

14. MOTHER'S MAIDEN NAME:

Rosa (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

(a) ...
DUE TO

Stab wound of left side of mouth

INTERVAL BETWEEN
ONSET AND DEATH

Antecedent cause(s)

Diseases or conditions, if any, (b)
 giving rise to the above cause DUE TO
 stating underlying cause last (c)

Asphyxiation due to aspiration of blood

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?
Yes No

21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF DEATH.

21b. PLACE (Home, farm, factory, of street, office bldg., etc.)
 INJURY INSTITUTION

21c. (City or town) (County)

(State)

Jessup Anne Arundel Maryland

21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED
 OF INJURY 8/15/55 11:30 A.M. While at Not while
 work at work

21f. HOW DID INJURY OCCUR?

Stabbed by another inmate at House

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
 SIGNATURE *William J. Harrel*

CHIEF MEDICAL EXAMINER
 DEPUTY MEDICAL EXAMINER
 ASSISTANT MEDICAL EXAM.

DATE SIGNED
 8/16/55

23. BURIAL/CREMATION, REMOVAL (Specify): Cremated

DATE THEREOF

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. CLERK
 Oct. 10, 1955

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Clara Harrel

The Cemetery Board of Maryland
 per: M. Christie



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07354

Item 21b Film G186 9-8-55

7374

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY	<i>A. A.</i>	MARYLAND
CITY (If outside corporate limits, write RURAL OR end give nearest town)	LENGTH OF STAY (In this place)	
TOWN	<i>Annapoliswick</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE	<i>Md.</i>	COUNTY	<i>Md.</i>
CITY (If outside corporate limits, write RURAL and give nearest town)			
OR TOWN	<i>Annapoliswick</i>		
STREET ADDRESS			

3. NAME OF

(First)	(Middle)	(Last)	4. DATE (Month) (Day) (Year)	
<i>Shelah Fannie Johnson</i>			<i>Aug 15 1955</i>	
(Type or Print)			UNDER 1 YEAR Months Days Hours Min.	
S. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday
<i>Female</i>	<i>Colored</i>	<i>single</i>	<i>Apr 29 1905</i>	<i>3 yrs.</i>

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)10b. KIND OF BUSINESS
OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

12. CITIZEN OF WHAT
COUNTRY?

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

921.0 IMMEDIATE CAUSE

(A)

18. MEDICAL CERTIFICATION

ANTECEDENT CAUSE(S) DUE TO
DISEASES OR CONDITIONS, IF ANY, ■
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST. DUE TO

(C)

*Rsplyx due to aspiration
Vodules.*INTERVAL BETWEEN
ONSET AND DEATHII OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20 AUTOPSY?
YES NO 21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
While Not while
at work at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Aug 15 1955* to *Aug 15 1955*, that I last saw the deceased
alive on *Aug 15 1955*, and that death occurred at *6:00 P.M.* from the causes and on the date stated above.
SIGNATURE *Richard* ADDRESS (Street, city, town, state) *Baltimore* DATE SIGNED *8/16/55*23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

24. REC'D BY REGISTRAR

REGISTRATION SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE *Aug 29 1955*

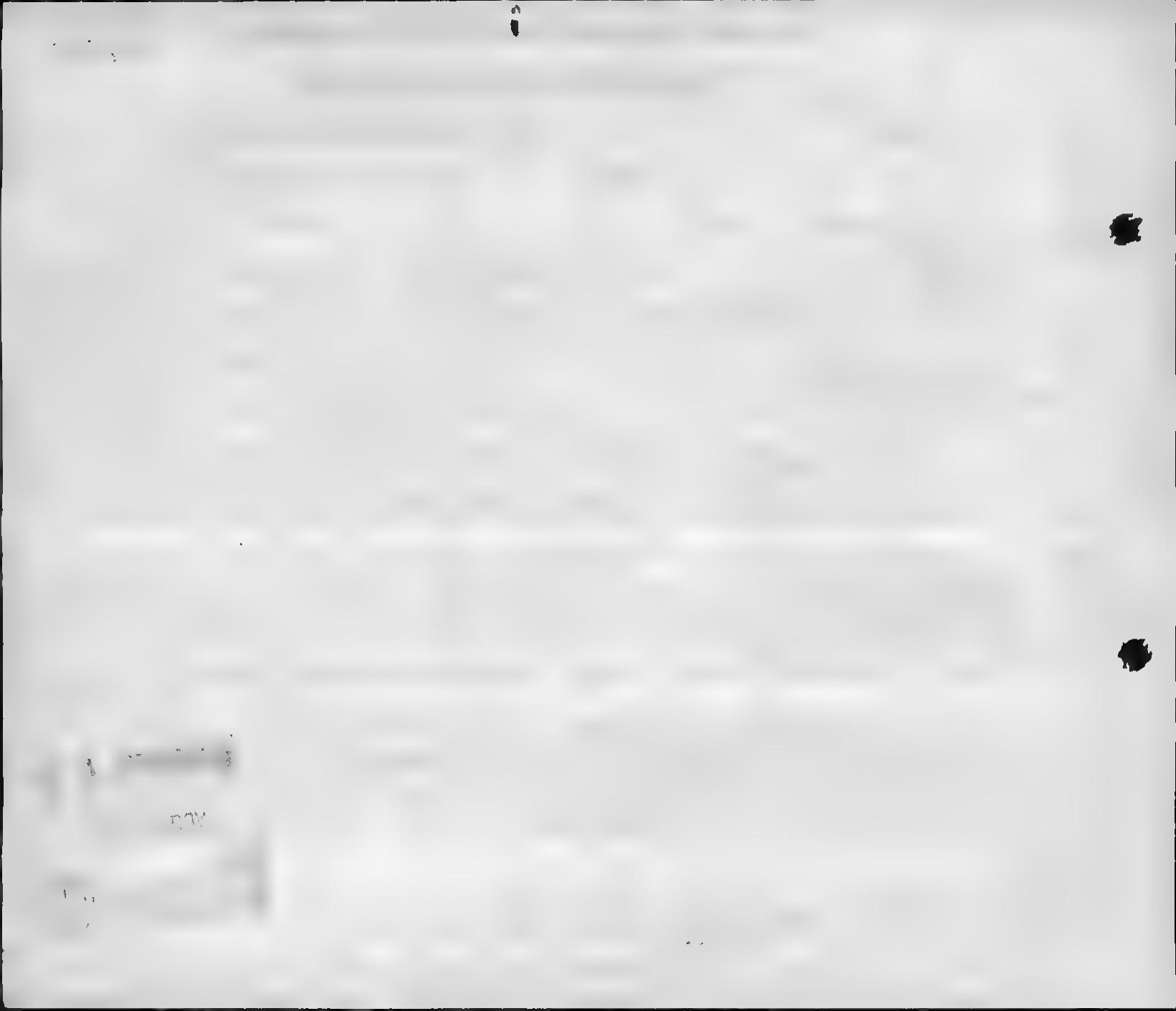
4V4577441V

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for us as a burial transit permit.

INSTRUCTIONS

VS A15 1-5 10M



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 2 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 155 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07355

7335

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) 10 Annapolis	MARYLAND LENGTH OF STAY (In this place) 000 4 Carver St	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis	COUNTY A. A. Co.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Carver St	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 8 - 1891	8. DATE OF BIRTH 6/4 1955	9. AGE last birthday IF UNDER 1 YEAR Months 6 Days 4 Hours 0 Min. 1955
3. NAME OF DECEASED (Type or Print) William Johnson	6. COLOR OR RACE Color - od	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY None
10c. FATHER'S NAME John Johnson	11. BIRTHPLACE (State or foreign country) Maryland USA	12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No	16. SOCIAL SECURITY NO. None	17. INFORMANT & ADDRESS Miss Jessie Johnson, 4 Carver St	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
782.4 IMMEDIATE CAUSE Cardiac failure		ANTECEDENT CAUSE(S) DUE TO None	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE None		DUE TO None	
STATING UNDERLYING CAUSE LAST. None		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, street, office bldg., etc.) None	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-3-55		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. WHERE DID INJURY OCCUR? (City or town) None		(County) None (State) None	
21g. HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from <u>3-10-1955</u> to <u>8-1-1955</u>, that I last saw the deceased alive on <u>7-26-1955</u>, and that death occurred at <u>1:50 A.M.</u> from the causes and on the date stated above.			
SIGNATURE <i>G. J. Adler</i>		ADDRESS (Street, city, town, state) M.D. in Rockville	
DATE SIGNED 8-1-55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 8-3-55	NAME OF CEMETERY OR CREMATORIUM St. Mary	LOCATION (City, town, or county) Annapolis, Md.
24. REC'D BY REGISTRAR J. J. French	REGISTRAR'S SIGNATURE J. J. French	25. FUNERAL DIRECTOR'S SIGNATURE William Pease	
DATE Aug 30, 1955		ADDRESS 108 W. Wash. St Annapolis, Md.	

S.A. 1920

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with the French and

MARYLAND STATE DEPARTMENT OF HEALTH

07356

Item 18 Film G186 9-13 55 ams
7375CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <i>Baltimore</i> CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Bristal</i>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <i>D. C.</i> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Washington</i> STREET ADDRESS <i>1421 S. St. N. E.</i>	
3. NAME OF DECEASED (Type or Print) <i>Joan</i>		(First) <i>Joan</i>	(Middle) <i>Joy</i>
4. SEX <i>Female</i> COLOR OR RACE <i>White</i>		5. SINGLES, MARRIED, WIDOWED, DIVORCED. <i>Single</i>	6. DATE OF BIRTH <i>July 22, 1935</i>
7. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clark</i>		8. KIND OF BUSINESS OR INDUSTRY <i>Warehouse</i>	9. AGE last birthday <i>20 yrs</i>
10. BIRTHPLACE (State or foreign country) <i>Washington D.C.</i>		11. CITIZEN OF WHAT COUNTRY <i>CIT. A.</i>	12. DATE OF DEATH <i>8-28-1955</i>
13. FATHER'S NAME <i>John J. Joy</i>		14. MOTHER'S MAIDEN NAME <i>Katherine Powers</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT AND ADDRESS <i>Mary D. Joy. (2)</i>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>Collision & fire</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING - CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>Street</i> (CITY OR TOWN) <i>Bristol</i> (COUNTY) <i>A.D. Maryland</i> (STATE) <i>Md.</i>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>8-28-55 3 P.M.</i>		INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>	
22. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . SIGNATURE <i>H. Hendrick</i> (Degree or title) <i>Acting Medical Examiner Shady Side Md.</i> DATE SIGNED <i>8/28/55</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>8-30-55</i> NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town or county) <i>At Lincoln Cemetery Prince George's Co. Md.</i> (State) <i>Md.</i>	
DATE REC'D BY LOCAL REG. <i>Aug. 28, 1955</i>		REG. <i>Francis Gasch & Sons, Hyattsville, Md.</i>	
REG. <i>Francis Gasch & Sons, Hyattsville, Md.</i>		REG. <i>Francis Gasch & Sons, Hyattsville, Md.</i>	

SEP 1

BUNNAGO V.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

The bottom copy may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-155 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07357

7376 CERTIFICATE OF DEATH

Reg. Dist. No.

24

PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
Anne Arundel CITY (If outside corporate limits, write RURAL OR give nearest town) TOWN PASADENA		MARYLAND LENGTH OF STAY (in this place)	STATE MARYLAND COUNTY ANNE ARUNDEL CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PASADENA MD. (RURAL) x STREET ADDRESS Boulevard Park (if rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year)	
CHARLES W. KAISER		SEPTEMBER 8 1955	(Month) (Day) (Year)
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED	8. DATE OF BIRTH (Last) Sept 22, 1893
9. AGE last birthday 61 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CIRPENTER	11. BIRTHPLACE (State or foreign country) HARFORD COUNTY MD	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME CHARLES KAISER	14. MOTHER'S MAIDEN NAME MARY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO	16. SOCIAL SECURITY NO. 111-11-1111	17. INFORMANT & ADDRESS KAISER PASADENA, MD.	18. MEDICAL CERTIFICATION Carcinomatosis general Carcinoma of rectum
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 154X IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 102 Calto - Anna. Bldg. Glen Burnie, Md.	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19_____, to _____, 19_____, that I last saw the deceased alive on _____, 19_____, and that death occurred at _____ P.M., from the causes and on the date stated above.			
SIGNATURE Joseph Taler		ADDRESS (Street, city, town, state) 102 Calto - Anna. Bldg. Glen Burnie, Md. DATE SIGNED 8/27/1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	DATE THEREOF Aug 30, 1955	NAME OF CEMETERY OR CREMATORIAL GLEN HAVEN	LOCATION (City, town, or county) GLEN BURNIE, MD. (State)
24. REC'D BY REGISTRAR L. J. Alba	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE J.W. Daigleton, Glen Burnie, Md.	
DATE Aug 31, 1955			

37

7336 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Anne Arundel MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (In this place)		STATE Maryland COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3vol. 4	
TOWN Annapolis		STREET ADDRESS 705 N. Duncan Street ✓	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convalescent Home		4. DATE (Month) (Day) (Year) OF DEATH August 5, 1955	
3. NAME OF DECEASED (Type or Print) ELIZABETH KNUDSEN		5. SEX. 6 COLOR OR 7 SINGLE, MARRIED, 8 DATE OF BIRTH RACE: WIDOWED, DIVORCED. (Specify) female white widow Feb. 20, 1877	
10A USUAL OCCUPATION (Give kind of work done during most of working life. even if retired) housewife		10B KIND OF BUSINESS OR INDUSTRY: at home	
13. FATHER'S NAME: Frederick A. Werner		9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. yrs months days hours min.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS: Mrs. Wilhelmina Pyles, Lafayette Ave		18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 592X IMMEDIATE CAUSE ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO <i>Anteriodental C. V. dhorai</i> (B) DUE TO <i>Ch. Neplintis</i> (C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH yes. no.	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B PLACE (Home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)	
21D TIME (Month) (Day) (Year) OF INJURY M.		21E INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>8/4</i> , 1955, to <i>8/5</i> , 1955 that I last saw the deceased alive on <i>8/4</i> , 1955, and that death occurred at <i>7:45 A.M.</i> from the causes and on the date stated above. ADDRESS <i>Moreland Park Cemetery</i> DATE SIGNED <i>8/5/55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial		DATE THEREOF <i>8/6/55</i> NAME OF CEMETERY OR CREMATORIAL LOCATION (L.B. town, or county) (State) <i>Moreland Park Cemetery Baltimore Co., Md.</i>	
DATE REC'D BY LOCAL REGISTRAR <i>August 5 1955</i>		REGISTRAR'S SIGNATURE <i>R. M. 10.</i> 24. FUNERAL DIRECTOR ADDRESS <i>Wm Godcha, 1217 St. Paul Street</i>	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
Item 2, File G16-1-5 et08343
2

7377 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY	<i>Anne Arundel</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	MARYLAND	LENGTH OF STAY (in this place)
X TOWN	LAWRENCE	3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	District Training School	

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE	<i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	Washington, D. C.	
STREET ADDRESS	804 Eye St., N.W. District Training School	

3. NAME OF
DECEASED:
(Type or Print)

Estelle — LAU

4. SEX: 6. COLOR OR
RACE:

Female Chinese

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify):

Single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):

None

13. FATHER'S NAME:

GUEY SEN LAU

16. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

18. SOCIAL SECURITY NO.

None

19. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

578X

IMMEDIATE CAUSE

(A)
DUE TO

Cardiac Failure

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.(B)
DUE TO

Intestinal Toxemia

(C)

Asthenia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH

(1) Microcephalic idiot

(2) Congenital cerebral spastic infantile paralysis

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21B. PLACE (Home, farm, factory,
street, office bldg., etc.)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work 21C. WHERE DID INJURY OCCUR?
(City or town)

(County)

(State)

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 18, 1955, to Aug. 20, 1955, that I last saw the deceased
alive on Aug. 20, 1955, and that death occurred at 4:45 P.M. from the causes and on the date stated above.
SIGNATURE *Margaret Wong Inda* ADDRESS *Dist. Training School* DATE SIGNED *August 20 1955*

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL ESTABLISHMENT	LOCATION (City, town, or county) (State)
Burial	Aug 22 55	Dist. Training School	Laurel, MD
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 20 - 55	<i>Clara Haskins</i>	We West McDonald	<i>Laurel, MD</i>



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7378 MARYLAND STATE DEPARTMENT OF HEALTH

07359

Item 18 Film J186 9-13-55 am

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH CITY OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (In this place)		2. USUAL RESIDENCE (HOME) OF DECEASED CITY (If outside corporate limits, write RURAL and give nearest town) TOWN STREET ADDRESS	
<i>Bristow</i>		MARYLAND <i>Route 416</i>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		(First) <i>Phyllis</i> (Middle) <i>Lam</i> (Last) <i>Leech</i>		4. DATE OF DEATH <i>8-28-1955</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, <i>Single</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Student</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>High School</i>		8. DATE OF BIRTH <i>May 14-1940</i>	
13. FATHER'S NAME <i>James T. Leech</i>		9. AGE last birthday <i>15</i>		11. BIRTHPLACE (State or foreign country) <i>Washington D.C.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
17. INFORMANT AND ADDRESS <i>James T. Leech - ②</i>		18. MEDICAL CERTIFICATION			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

816X Immediate cause

(a) *Collision & Fire*

INTERVAL BETWEEN
ONSET AND DEATH

Instantaneous

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(c)

Auto-Auto collision

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

Yes No

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH		PLACE (Home, farm, factory, street, of office bldg., etc.) <i>Street</i>		(CITY OR TOWN) <i>Bristow, Va.</i> (COUNTY) <i>Maryland</i> (STATE) <i>(State)</i>	
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
INJURY <i>8-28-55 AM</i>				HOW DID INJURY OCCUR? <i>Collision & Fire</i>	

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident suicide homicide undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, Cremation Removal (Specify)		DATE THEREOF <i>8-30-55</i>		NAME OF CEMETERY OR CREMATORIUM <i>Cedar Hill Cemetery</i>		LOCATION (City, town or county) <i>Washington D.C.</i> (State) <i>(State)</i>	
DATE REC'D BY LOCAL REG		REGISTRAR'S SIGNATURE <i>Erie West Williams</i>		24. FUNERAL DIRECTOR		ADDRESS <i>W.W. Chambers Co</i>	

BUREAU V. 2

RECEIVED
SEP 1 1971

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07360

7379

Items 13,14 Filed 185 8-25-55 et

Reg. Dist. No.

I. PLACE OF DEATH:

COUNTY A.A. MARYLAND
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY
 OR and give nearest town) (in this place)
 TOWN Brooklyn
 HOSPITAL OR LENGTH OF STAY
 INSTITUTION OR (If rural give location)
 STREET ADDRESS 4103 Ritchie Hwy.

3. NAME OF (First) (Middle) (Last)
 DECEASED: Dorra E. Lipp

5. SEX: F 6. COLOR OR 7. SINGLE, MARRIED,
 RACE: W WIDOWED, DIVORCED,
 (Specify): Married

10a. USUAL OCCUPATION Give kind of
 work done during most of working life,
 even if retired): housewife

10b. KIND OF BUSINESS OR
 INDUSTRY:

11. FATHER'S NAME: Frank Sieble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:
 (Yes, no, or unk.) (If Yes, give war or dates of service)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) ... coronary occlusion
 Antecedent causes (s) (b) ... hypertension cardio vascular
 Diseases or conditions, if any, (c) ... disease
 giving rise to the above cause
 stating the underlying cause last.

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE)

SUICIDE
 HOMICIDE
 OF INJURY

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED
 OF m. While at Not White

INJURY Work At Work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1957, to July 1957, that I last saw the deceased

alive on Aug 3, 1957, and that death occurred at 4 am

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold Sieble M.D. 4016 Ritchie Highway 8/16/57

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)

REMOVAL (Specify) Aug 18, 1957 Cedar Hill A.A. Co. Md

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

REGISTRAR 1957

24. FUNERAL DIRECTOR ADDRESS

George J. Gunce 4001 Ritchie Hwy

2010
2011

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08344

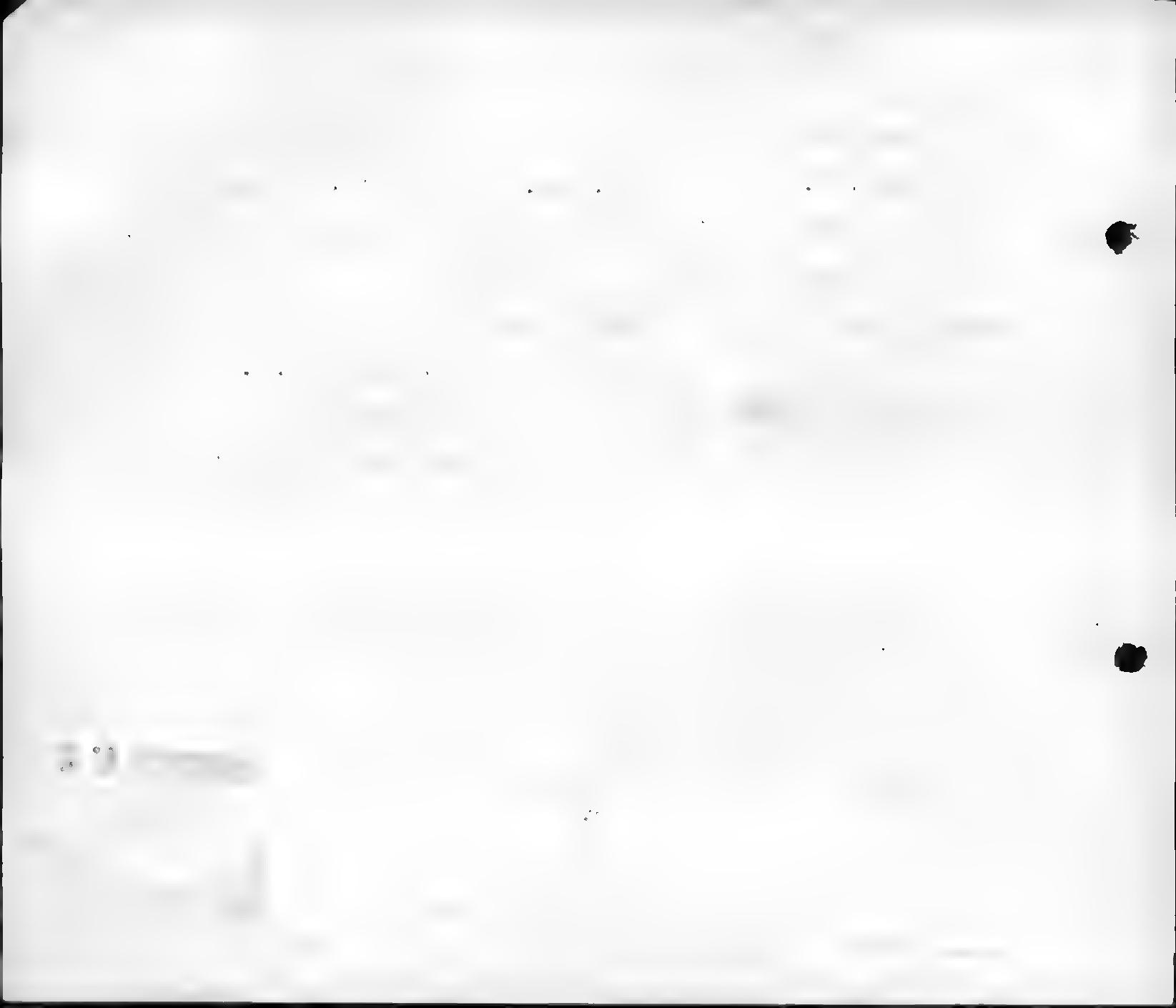
7380

CERTIFICATE OF DEATH

Reg. Dist. No. 22

Items 2, , Film G1EE 9-10-55 et

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Anne Arundel CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN Laurel, Md.		STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Laurel, Maryland // Washington, D.C. STREET ADDRESS 805 N St. N.W. (If rural give location) 44, X-3 District Training School	
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School			
3. NAME OF DECEASED: (First) Bertha (Type or Print)		(Middle) Theresa (Last) Lyles	
5. SEX: Female		6. COLOR OR RACE: Negro	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single		8. DATE OF BIRTH: 3/13/39	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None		10b. KIND OF BUSINESS OR INDUSTRY: None	
12. FATHER'S NAME: 2		11. BIRTHPLACE (State or foreign country): Washington, D. C.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.: None		14. MOTHER'S MAIDEN NAME: Thelma Lyles	
17. INFORMANT & ADDRESS: District Training School records			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Otitis media Septicemic 3250 Immediate cause Congenital cerebral spasm and. Antecedent causes(s) istioxy due to birth trauma Interval Between Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. Due to Onset And Death 2 weeks (a) DUE TO (b) DUE TO (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Inertion			
19a. DATE OF OPERATION: 2		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE IIOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work Not While At Work HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 15 Aug. 1955, to 29 Aug. 1955, that I last saw the deceased alive on 29 Aug. 1955, and that death occurred at 9:35 AM, from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF 8-30-55 NAME OF CEMETERY OR CREMATORIUM St. P. School Cemetery Laurel, Md. LOCATION (City, town, or county) (State) 110	
DATE REC'D BY LOCAL REGISTRAR Aug 31-55		REGISTRAR'S SIGNATURE Clara Haslup	
24. FUNERAL DIRECTOR			
ADDRESS			



7381

07361
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town)
 TOWN Fort Meade, Maryland LENGTH OF STAY
 (in this place)

HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS Fort Meade Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY
 CITY (If outside corporate limits write RURAL and give nearest town)
 OR
 TOWN Washington 47X-3
 STREET ADDRESS (If rural, give location)
 300 G. St., N.W.

3. NAME OF DECEASED: (First) (Middle) (Last)

VIRGINIA (DOLLY) FRANCES MARSH

4. DATE (Month) (Day) (Year)
 OF DEATH August 15 19 55

5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.
 RACE: WIDOWED, DIVORCED | (Specify): Married Dec. 15, 1910 44 Months Days Hours Min.
 Female White

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): housewife 10b. KIND OF BUSINESS OR INDUSTRY: at home 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
 Virginia U. S. A.

13. FATHER'S NAME:

Newell Walton

14. MOTHER'S MAIDEN NAME:
 Melinda Roston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:
 Va.
 Freddy Funeral Home, Charlottesville,18. MEDICAL CERTIFICATION
 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Crushing injury of chest
 Immediate cause (a)...
 DUE TO

INTERVAL BETWEEN
 ONSET AND DEATH

Antecedent cause(s)
 Diseases or conditions, if any, (b) ...
 giving rise to the above cause DUE TO
 stating underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No

21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Street 21c. (City or town) (County) (State)

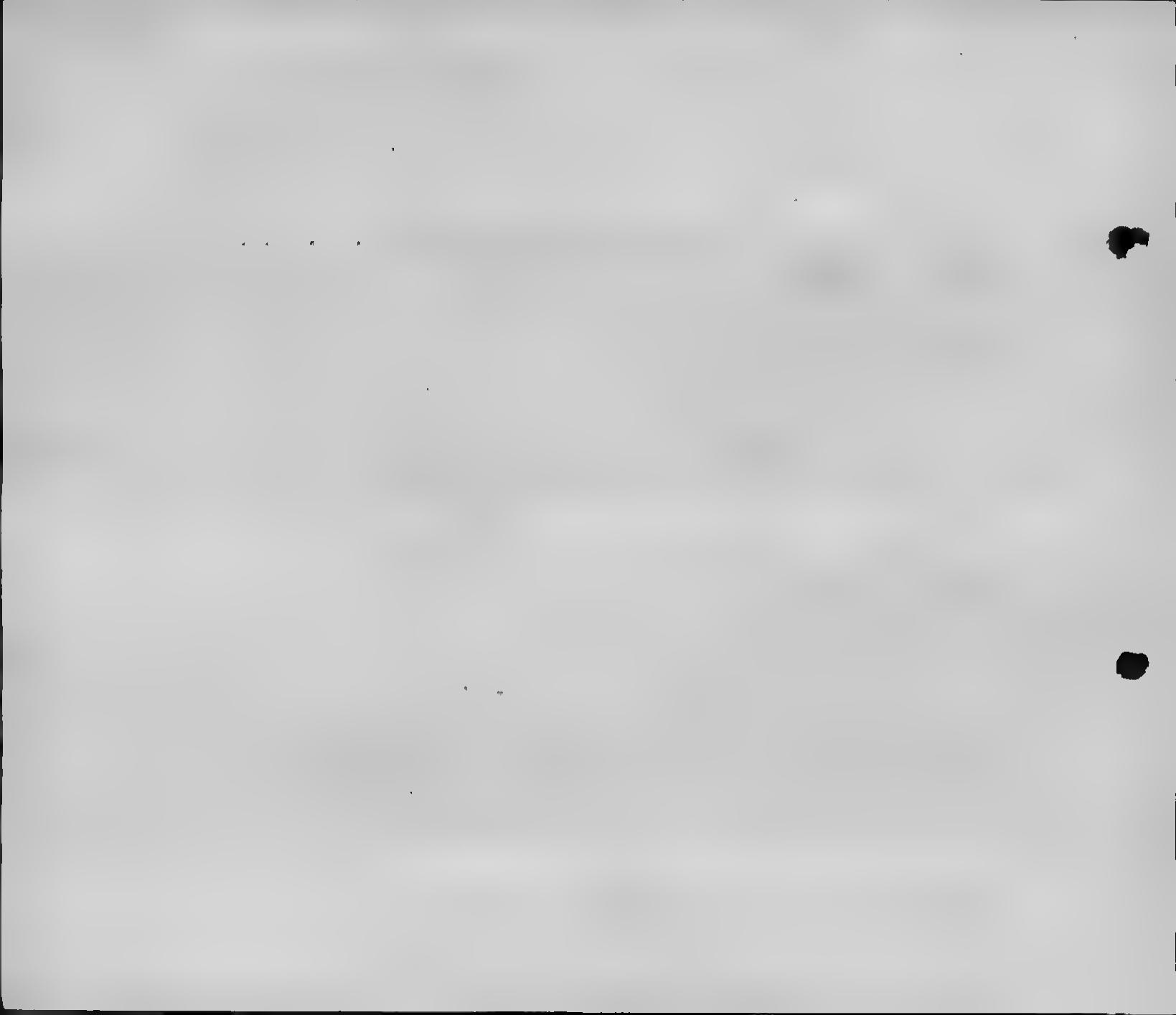
21d. TIME (Month) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 8/15/55 2:45 P.M. While at Not while work at work 21f. HOW DID INJURY OCCUR? Auto-auto collision

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
 SIGNATURE *Wm. Cook, Jr.*

CHIEF MEDICAL EXAMINER
 DEPUTY MEDICAL EXAMINER
 ASSISTANT MEDICAL EXAM. DATE SIGNED 8/16/55

23. BURIAL, CREMATION, REMOVAL (Specify): DATE TIME OF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)
 Removal 8/17/55 Charlottesville Charlottesville, Va.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS
Wm. Cook, Jr., 1217 St. Paul Street



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07362

7337

CERTIFICATE OF DEATH

Reg. Dist. No. 21

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C I-55 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	COUNTY Westport - Belvoir - 30 (If rural give location)
Anne Arundel Annapolis	3 days	Maryland Anne Arundel Westport - Belvoir - 30	Anne Arundel Rd.
3. NAME OF DECEASED (First) (Middle) (Last) (Type or Print)		4. DATE (Month) (Day) (Year) OF DEATH Aug. 27, 1955	
Male white	Thomas Patrick McKewen	9. AGE last birthday IF UNDER 1 YEAR yrs. Months Days Hours Min.	66
5. SEX 6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Nov. 19, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Koppers Co.	11. BIRTHPLACE (State or foreign country) Bel Air, Md.
13. FATHER'S NAME John McKewen		14. MOTHER'S MAIDEN NAME Elizabeth Nolty	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. 1241-05-3107	
17. INFORMANT & ADDRESS Thomas D. McKewen, Paradise, Md.		18. MEDICAL CERTIFICATION Cerebral Thrombosis Nervous Ben Alzheimer's Disease	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 44 <input checked="" type="checkbox"/> IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		INTERVAL BETWEEN ONSET AND DEATH	
(A) <input checked="" type="checkbox"/> (B) <input type="checkbox"/> (C) <input type="checkbox"/>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County), (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from ... alive on ... and that death occurred at ... and the causes and on the date stated above.		ADDRESS (Street, city, town, state) Severn, Maryland DATE SIGNED Aug. 27, 1955	
SIGNATURE Oleander Severson Parks			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Aug. 30, 1955	
24. REC'D BY REGISTRAR DATE Aug. 31, 1955		NAME OF CEMETERY OR CREMATORIAL Glen Haven	
REGISTRAR'S SIGNATURE Wm. J. French Z. J. French		LOCATION (City, town, or county) (State) Glen Burnie, Md.	
25. FUNERAL DIRECTOR'S SIGNATURE P. King, Jr., Glen Burnie, Md.		ADDRESS 111-111 Alvarado	

2 375

07363

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dis
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

I. PLACE OF DEATH: COUNTY Anne Arundel		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland		COUNTY Anne Arundel	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN		Annapolis	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Annapolis-City Dock		STREET ADDRESS		(If rural, give location)	
3. NAME OF DECEASED: (Type or Print)	(First) CHARLES	(Middle)	(Last) NEWSOME	4. DATE OF DEATH	(Month) Aug.	(Day) 23	(Year) 1955
5. SEX:	Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <i>Married</i>	8. DATE OF BIRTH: <i>Nov. 17, 1900</i>	9. AGE last birthday: 54	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <i>House Painter</i>		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <i>Anchorage, N.C.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: <i>Taylor Newsome</i>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>		16. SOCIAL SECURITY NO.: <i>123-45-6789</i>		17. INFORMANT & ADDRESS: <i>Mrs. Jessie Carpenter Laurel Md.</i>		18. MEDICAL CERTIFICATION	
L. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <i>123-45-6789</i> Immediate cause (a) Drowning DUE TO Antecedent cause(s) Diseases or conditions, if any. (b) giving rise to the above cause DUE TO stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY water		21c. (City or town, (County) (State) City Dock-Annapolis-Anne Arundel, Md.			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Found 8/23 3:30 P.M.		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Body found by youngster while crabbing			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input checked="" type="checkbox"/> SIGNATURE <i>Paul F. Newsome</i>							
23. BURIAL, CREMATION, REMOVAL (Specify): <i>Burial</i>		DATE THEREOF <i>Aug 25/55</i>		NAME OF CEMETERY OR CREMATORIUM <i>Laurel Cemetery</i>		LOCATION (City, town, or county) (State) <i>Laurel P.G. Md.</i>	
DATE REC'D BY LOCAL REG. <i>Aug 25 1955</i>		REG. <i>J. French Jr.</i>		REG. <i>J. French Jr.</i>		REG. <i>Dellott Donaldson Laurel, Md.</i>	
24. FUNERAL DIRECTOR ADDRESS							

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AUG 01 1995

1512

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician. The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VI A15C 1-510M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07364

7382 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY ANNE ARUNDEL MARYLAND CITY (If outside corporate limits, write RURAL) OR TOWN GLEN BURNIE LENGTH OF STAY (in this place)				2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY 3V01-4 CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE STREET ADDRESS (If rural give location) 1923 DIVISION ST. ✓ 90 HOME Route 2 Bry 376A			
3. NAME OF DECEASED (First) VIOLET (Middle) NIXON (Last) (Type or Print)				4. DATE OF DEATH (Month) 8 (Day) 2 (Year) 1955			
S. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH MAR. 29, 1888	9. AGE (at birthday) 67 yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) BALTO. MD.		12. CITIZEN OF WHAT COUNTRY?	
HOUSEWIFE							
13. FATHER'S NAME LAWRENCE CLLEMENTS				14. MOTHER'S MAIDEN NAME UNKNOWN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO MR. CLLEMENTS NIXON 2200 BRADDISH AVE.			
17. MEDICAL CERTIFICATION 4220 IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)				ARTERIOSCLEROTIC Heart disease Arteriosclerosis general.			
18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 102 BALTO-ANNAPURNA BLVD. GLEN BURNIE, MD.		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) July (Day) 30 (Year) 1955 (Hour) 10:30 M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 30, 1955, to Aug 2, 1955, that I last saw the deceased alive on July 30, 1955, and that death occurred at 10:30 P.M. from the causes and on the date stated above. SIGNATURE Joseph TALER ADDRESS (Street, city, town, state) BLVD. GLEN BURNIE, MD. DATE SIGNED 8/3/1955 REMOVAL (SPECIFY) BURIAL DATE THEREOF Aug. 6 '55 NAME OF CEMETERY OR CREMATORIUM MT. AUBURN LOCATION (City, town, or county) BALTIMORE, MD. (State)							
24. REC'D BY REGISTRAR DATE Aug. 5, 1955		REGISTRAR'S SIGNATURE Louis J. DeAlba		25. FUNERAL DIRECTOR'S SIGNATURE Signature Address 1631 Knoll Hill Rd.			



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07365

7339 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	Anne Arundel	STATE	Maryland
CITY OR TOWN	(If outside corporate limits, write RURAL and give nearest town) 10 Annapolis, Md.	CITY OR TOWN	(If outside corporate limits, write RURAL and give nearest town) Glen Isle, Riva, Md.
HOSPITAL INSTITUTION OR STREET ADDRESS	Anne Arundel Gen. Hosp. 163 Franklin St.	STREET ADDRESS	(If rural give location)
3. NAME OF DECEASED (Type or Print)		(First) Melissa	(Middle) Carrie O'Callaghan
S. SEX	F	6. COLOR OR RACE	White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	Married	8. DATE OF BIRTH	Feb. 28, 1892
9. AGE last birthday	63 yrs.	10. IF UNDER 1 YEAR Months	IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Washington, D.C.
13. FATHER'S NAME Charles Williamson		14. MOTHER'S MAIDEN NAME Katie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Mr. Edwin A. O'Callaghan Riva, Md.
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>153X</u>		IMMEDIATE CAUSE (A) Intestinal obstruction ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Papillary adenocarcinoma- primary site DUE TO (C) undetermined.	
INTERVAL BETWEEN ONSET AND DEATH 1 month			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION <u>July 23, 1955</u>	19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Feb. 28, 1955, to Aug. 15, 1955, that I last saw the deceased alive on Aug. 11, 1955, and that death occurred at 3:25 A.M., from the causes and on the date stated above.			
SIGNATURE <u>Jesse L. Williamson</u>	ADDRESS (Street, city, town, state) 98 Cathedral St Annapolis, Md.		DATE SIGNED Aug. 15, 1955
23. BURIAL Cremation, Removal (Specify)	DATE THEREOF <u>8-17-1955</u>	NAME OF CEMETERY OR CREMATORIAL <u>Ind. & Old Line</u>	LOCATION (City, town, or county) (State) Wash. D. C.
24. REC'D BY REGISTRAR DATE <u>Aug. 16, 1955</u>	REGISTRAR'S SIGNATURE <u>Tom J. French</u>	25. FUNERAL DIRECTOR'S SIGNATURE Robert A. Mettingly	ADDRESS <u>131-11-A-28 Wash DC</u>

Bilbao 16.

Aug

medium fine

about the same as last year
but with less sand

107366
Reg. Dist.

7282

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 28

1. PLACE OF DEATH:

COUNTY	MARYLAND	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	LENGTH OF STAY (in this place)	20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Route 31,	

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE	COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN	STREET ADDRESS
(If rural, give location)	

**3. NAME OF
DECEASED:
(Type or Print)**

5. SEX:

(First) Deedie Mary O'Keeffe (Middle) (Last)

6. COLOR OR
RACE: 107. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify):8. DATE OF BIRTH:
Aug. 20-18724. DATE
OF
DEATH: Aug. 29
(Month) (Day) (Year)
19559. AGE last birthday:
83 yrs. IP UNDER 1 YEAR
Months Days IP UNDER 24 HRS.
Hours Min.**10a. USUAL OCCUPATION (Give kind of
work done during most of work life
even if retired): Housewife Own Home****10b. KIND OF BUSINESS OR
INDUSTRY:****11. BIRTHPLACE (State or foreign country): Iceland, Europe****12. CITIZEN OF WHAT
COUNTRY: Iceland****13. FATHER'S NAME:**

John J. O'Keeffe

14. MOTHER'S MAIDEN NAME:

Mary Agnes O'Shea

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)**

No

16. SOCIAL SECURITY NO.:17. INFORMANT, & ADDRESS:
Mrs. Timothy A. C. Keay (Second)**18. MEDICAL CERTIFICATION**420.1
Immediate cause (a) Coronary Occlusion
DUE TOINTERVAL BETWEEN
ONSET AND DEATH
Since 4**Antecedent cause(s)**Diseases or conditions, if any, (b)
giving rise to the above cause DUE TO
stating underlying cause last (c)**19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.****19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:**

20. AUTOPSY?

Yes No **21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING CAUSE OF DEATH****21b. PLACE (Home, farm, factory,
of street, office bldg., etc.,
INJURY)****21c. (City or town) (County)**

(State)

**21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY M. 21e. INJURY OCCURRED
While at work Not while at work** **21f. HOW DID INJURY OCCUR?**22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
SIGNATURECHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.DATE SIGNED
8/29/55**23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)**
REMOVAL (Specify): Burial 9-1-1955 Our Lady of the Field Mellersville, Maryland**DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS**
REG (Aug 29, 1955) Catherine M. Geary R. P. Singleton - Glen Burnie

L. F. D'Alba

15 V.

15

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7340

CERTIFICATE OF DEATH

07367

Reg. Dist. No. 21

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 155 10W

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY TOWN	Anne Arundel 101 Annapolis	MARYLAND LENGTH OF STAY (in this place)	STATE CITY TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Maryland COUNTY Anne Arundel (if rural give location) 101 S/N Experimental Station		
3. NAME OF DECEASED (First) 17 CAR (Middle) W. (Type or Print)		4. DATE OF DEATH Aug 13 1955 (Month) (Day) (Year)	
SEX Male	COLOR OR White	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	B. DATE OF BIRTH 10-8-1923
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Anne Parker		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 71 yrs.
13. FATHER'S NAME Andrew P. Olson		11. BIRTHPLACE (State or foreign country) Sweden	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, Major rank.)		14. MOTHER'S MAIDEN NAME Not Known	
16. SOCIAL SECURITY NO 17		17. INFORMANT & ADDRESS Daniel C. Olson #2	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 16a. IMMEDIATE CAUSE (A) <u>Carcinoma, lung. (bronchogenic)</u> ANTECEDENT CAUSE(S) DUE TO (B) <u>Carcinoma lung</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 6-8 mos	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) White at work	
21e. INJURY OCCURRED White at work		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from ... 6/19/18 ... 19 ... to ... 8/18 ... 1955 ... that I last saw the deceased alive on ... 8/12 ... 1955 ... and that death occurred at ... 11 3/4 A.M. from the causes and on the date stated above. SIGNATURE <u>S. Brommey</u> M.D.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF 8/21/55	
24. REC'D BY REGISTRAR John O'Donnell		REGISTRAR'S SIGNATURE	
DATE Aug 19, 1955		25. FUNERAL DIRECTOR'S SIGNATURE John W. Taylor & Sons, Clarendon, Phil.	
ADDRESS (Street, city, town, state) <u>Ames Game & Bird Supplies, 81875</u> DATE SIGNED <u>Aug 19, 1955</u>			
LOCATION (City, town, or county) (State) <u>Fairfield, Stamford, Conn.</u>			

1978

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1978

7384

07365
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

I. PLACE OF DEATH:

COUNTY Anne Arundel

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Pasadena, Md.

LENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

None

3. NAME OF
DECEASED:
(First) (Middle) (Last)

HERMAN

PATTERSON

4. SEX:

6. COLOR OR
RACE:

Male

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify):

8. DATE OF BIRTH:

6-18-1945

9. AGE last birthday:

10 yrs. 10 months 19 days 55 hours Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired):10b. KIND OF BUSINESS OR
INDUSTRY:

11. BIRTHPLACE (State or foreign country):

Baltimore

12. CITIZEN OF WHAT
COUNTRY:

13. FATHER'S NAME:

Thomas Patterson

14. MOTHER'S MAIDEN NAME:

Esther McLean

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

Esther Patterson home

18. MEDICAL CERTIFICATION
INTERVAL BETWEEN
ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Drowning
DUE TOAntecedent cause(s)
Diseases or conditions, if any, (b)
giving rise to the above cause DUE TO
stating underlying cause last (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING
CAUSE OF DEATH.21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY found 8/22/55 M.21b. PLACE (Home, farm, factory,
of street, office bldg., etc.,
INJURY wafer21e. INJURY OCCURRED
While at Not while
work at work

21c. (City or town) (County)

(State)

Found: Pasadena Anne Arundel Md.

21f. HOW DID INJURY OCCUR?

Found drowned

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
SIGNATURE *R.H. Fisher*CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.DATE SIGNED
8/23/5523. BURIAL, CREMATION,
REMOVAL (Specify):DATE REC'D BY LOCAL
REG.

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town or county) (State)

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

None



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07369

7341

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: <i>Dane Thundet</i>		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Annapolis</i> MARYLAND		STATE <i>AA</i> COUNTY <i>Edgewater Md.</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Annapolis</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Selby or the Bay X</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Honeywood Convalescent Home</i>		STREET ADDRESS <i>(If rural, give location)</i>	
3. NAME OF DECEASED: (Type or Print) <i>ALMA</i>		4. DATE OF DEATH: <i>PAULSEN</i> 8 22 1955	
5. SEX: <i>Female</i>	6. COLOR OR RACE: <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>MARRIED</i>	8. DATE OF BIRTH: <i>MAR 21 1884</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>None</i>	11. BIRTHPLACE (State or foreign country): <i>Pa</i>
13. FATHER'S NAME: <i>Samuel E. Jones</i>		14. MOTHER'S MAIDEN NAME: <i>Thelma J. Brown Hattie Fink</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? <i>No</i>		16. SOCIAL SECURITY NO.: <i>137-094-2000</i>	
(Yes, no, or unk.) (If Yes, give war or dates of service)		17. INFORMANT & ADDRESS: <i>Mrs. Thelma J. Brown 1370 Bryant St NE Washington D.C.</i>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <i>420.0</i> Immediate cause (a) <i>Arteriosclerotic heart disease</i> DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) <i>Generalized arteriosclerosis</i> DUE TO (c) <i>unknown</i>			
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION:	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF INJURY)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year)	(Hour)	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
M.			
22. I hereby certify that I attended the deceased from <i>8/1/9 1955</i> , to <i>8/22 1955</i> , that I last saw the deceased alive on <i>8/12/1 1955</i> , and that death occurred at <i>6:20 A.M.</i> , from the causes and on the date stated above. SIGNATURE <i>Beverly S. Beck M.D.</i> (DEGREE OR TITLE) ADDRESS <i>41 Southgate Ave Annapolis 21401</i> DATE SIGNED <i>8/23/55</i>			
23. BURIAL, CREMATION REMOVAL (Specify): <i>Burial</i>		DATE THEREOF <i>8/22/55</i>	NAME OF CEMETERY OR CREMATORY <i>Cedar Hill</i> LOCATION (City, town or county) <i>Arlington, Md.</i> (State)
DATE RECD BY LOCAL REG. <i>Aug. 22, 1955</i>		24. FUNERAL DIRECTOR ADDRESS <i>W.W. Chambers Co. 5801 Cleveland Ave. Riverdale, Md.</i>	
REGISTRAR'S SIGNATURE <i>J. O'Donnell</i>		ADDRESS <i>T.W. Knott</i>	

g. A

1 1 1 1

7342 CERTIFICATE OF DEATH

Reg. Dist. No. 21

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 155-10W

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN 10	Anne Arundel Anne Arundel Anne Arundel General Hospital	MARYLAND LENGTH OF STAY (In this place)	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riva. STREET ADDRESS (If rural give location)
3. NAME OF DECEASED (First) (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
VICTORIA PHILLIPS		August 28, 1955	
S. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH 10-8-1871
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE last birthday 83 yrs.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. none	17. INFORMANT & ADDRESS Hospital records
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 3x IMMEDIATE CAUSE (A) <i>Central Vascular accident</i>		INTERVAL BETWEEN ONSET AND DEATH 48 hr.	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) <i>Generalized arteriosclerosis</i>		yr.	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While <input type="checkbox"/> Not white <input type="checkbox"/> el work <input type="checkbox"/> et work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1952, to 8/26, 1955, that I last saw the deceased alive on 8/26, 1955, and that death occurred at 6:35A.M. from the causes and on the date stated above. SIGNATURE <i>Frank M. Shafley</i> M.D. ADDRESS (Street, city, town, state) <i>Annapolis Md 21401</i> DATE SIGNED <i>8/2 1955</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF August 29, 1955	NAME OF CEMETERY OR CREMATORIAL Meadowridge Cemetery
24. REC'D BY REGISTRAR DATE 8-29-55		LOCATION (City, town, or county) Elkridge, Maryland	
REGISTRAR'S SIGNATURE <i>J. O'Donnell</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOPPING FUNERAL HOME ANNAPOLIS, MD.	

CC₂ = 50

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07371

7385 CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND
 CITY (If outside corporate limits, write RURAL or and give nearest town)
 TOWN Pasadena P.D. LENGTH OF STAY (in this place) 14 months
 HOSPITAL OR INSTITUTION OR STREET ADDRESS Beach
 50 Belhaven Ave. Belhaven Beach

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY A.A.C.O.
 CITY (If outside corporate limits, write RURAL and give nearest town)
 TOWN Pasadena P.D. STREET (If rural give location)
 ADDRESS Belhaven Ave. - Belhaven Beach

3. NAME OF DECEASED: (First) Esther (Middle) Mary (Last) Platke

4. DATE (Month) (Day) (Year)
 OF DEATH: August 8 1955

5. SEX: Female COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: Feb. 14-1883

9. AGE last birthday: IF UNDER 1 YEAR Months Days Hours Min.

72 yrs. Months Days Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housework (R.R.) own home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME:

William James Wallace

14. MOTHER'S MAIDEN NAME: Mary Street

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or date of service)

No

16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Herman W. Platke Belhaven Beach

None Pasadena, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.1
Immediate cause

(a)
DUE TO

Coronary thrombosis

Interval Between
Onset And Death

45 min.

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)
DUE TO

Hypertension

not known

(c)

21. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Chronic cholecystitis

not known

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes No

ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
---------------------------------	-----------	---	----------------	----------	---------

TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?
--------------	-------	--------	--------	--	-----------------------

22. I hereby certify that I attended the deceased from May 31, 1955, to Aug. 8, 1955, that I last saw the deceased alive on Aug. 8, 1955, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R.M. McLaughlin M.D. Pasadena, Md. Aug. 8, 1955

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)
 REMOVAL (Specify) Aug. 11, 1955 Glen Burnie Cemetery Glen Burnie, Maryland

DATE REC'D BY LOCAL REGISTRAR L.J. De Alba FUNERAL DIRECTOR ADDRESS

Aug. 10, 1955 R.V. Singleton - Glen Burnie, Md.

BUCKEY X. S.

AUG 11 1962

PAGE 11

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07372

7386 CERTIFICATE OF DEATH

Reg. Dist. No. 25

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 AISC 1-55 10M

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	Anne Arundel	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	Maryland	COUNTY Anne Arundel			
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Hanover	6 yrs	STREET ADDRESS	Race Road	(If rural give location)			
3. NAME OF (First) (Middle) (Last) (Type or Print)				4. DATE (Month) (Day) (Year) OF DEATH				
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Married April 18, 1923	9. AGE last birthday 92 yrs.	IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine				10b. KIND OF BUSINESS OR INDUSTRY Macy's Machine Shop	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Edward L. Humphrey				14. MOTHER'S MAIDEN NAME Margaret B. Krause				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No				16. SOCIAL SECURITY NO. 215-16-9989				
17. INFORMANT & ADDRESS Ed. L. Humphrey				18. MEDICAL CERTIFICATION Coronary Infarction - Aortic Insufficiency (Severe) Rheumatic Heart Disease				
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
19a. DATE OF OPERATION 11/10/54		19b. MAJOR FINDINGS OF OPERATION Aortic Insufficiency		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>				
21e. INJURY OCCURRED While at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Sept. 19, 1954, to Aug. 19, 1955 that I last saw the deceased alive on July 20, 1955, and that death occurred at 11:55 P.M. from the causes and on the date stated above. SIGNATURE John M. Allen M.D. ADDRESS (Street, city, town, state) DATE SIGNED Aug. 22, 1955				
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Aug. 23/55		NAME OF CEMETERY OR CREMATORIUM Glen Haven		LOCATION (City, town, or county) Glen Burnie, Md.		
24. REC'D BY REGISTRAR DATE August 25, 1955		REGISTRAR'S SIGNATURE John M. Allen		25. FUNERAL DIRECTOR'S SIGNATURE H. Langford		ADDRESS John Burin		

BURDAU V. e

CCS 03 1993

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the thin copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7387 CERTIFICATE OF DEATH

07373

Reg. Dist. No.....

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <input checked="" type="checkbox"/> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	Anne Arundel Crownsville Crownsville State Hospital	MARYLAND LENGTH OF STAY 8 yrs. 29das.	STATE Maryland CITY OR TOWN Indian Head STREET ADDRESS (If rural give location)
3. NAME OF DECEASED (First) Della (Middle) Queen (Last)		4. DATE OF DEATH Aug. 1 19 55	
5. SEX F	6. COLOR OF RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Unknown
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Washington, D. C.
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT & ADDRESS Hospital Records
II. MEDICAL CERTIFICATION			
202X IMMEDIATE CAUSE (A) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH Known to us since 7/3/47	
ANTECEDENT CAUSE(S) DUE TO (B) Epileptiform Seizures		Known to us since 7/3/47	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Juvenile Paresis		Known to us since 7/3/47	
III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary Tuberculosis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
M. at work		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/6/55, 19, to 8/1, 19 55, that I last saw the deceased alive on 8/1, 19 55, and the death occurred at 8:30 A.M. from the causes and on the date stated above.			
SIGNATURE		ADDRESS (Street, city, town, state)	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF 8/4/55	NAME OF CEMETERY OR CREMATORIUM Hilltop Cemetery
24. REC'D BY REGISTRAR DATE 8/1/55		REGISTRAR'S SIGNATURE R. M. Joyce	LOCATION (City, town, or county) (State) 4417, MD
25. FUNERAL DIRECTOR'S SIGNATURE Penny & Joyce		ADDRESS 845, 112 1/2 St., Bensenville	

✓ 2000 ft. base 800 ft.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7388 CERTIFICATE OF DEATH

07375

Reg. Dist. No. 24

1. PLACE OF DEATH

COUNTY *Jane Arundel* MARYLAND
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town)
 TOWN *Glen Burnie*

LENGTH OF STAY
 (in this place)
8 years

HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS
401 Third Ave., S.W.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE *Maryland* COUNTY *Anne Arundel*
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN *Glen Burnie*

STREET
 ADDRESS
403 Third Ave., S.W.

3. NAME OF
 DECEASED
 (Type or Print)(First) *Ida* (Middle) *E.* (Last) *Reynolds*4. DATE (Month) *August* (Day) *14* (Year) *1953*

5. SEX

6. COLOR OR
 RACE *Female white*7. SINGLE, MARRIED,
 WIDOWED, DIVORCED,
 (Specify) *Single*8. DATE OF BIRTH *Dec. 30, 1872* 829. AGE last birthday *80 yrs.* IF UNDER 1 YEAR *IF UNDER 24 HRS.*Months *0* Days *0* Hours *0* Min. *0*10a. USUAL OCCUPATION (G ve kind of work
 done during most of working life, even if
 retired) *Housework (ret.)*10b. KIND OF BUSINESS
 OR INDUSTRY *Own Home*11. BIRTHPLACE (State or foreign country) *Woodsborough, Md.*12. CITIZEN OF WHAT
 COUNTRY? *Ida*

13. FATHER'S NAME

Charles W. Harris

14. MOTHER'S MAIDEN NAME

Julia A. Stout

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no, or unk.) *No* (If Yes, give war or dates of service)16. SOCIAL SECURITY NO. *None*17. INFORMANT & ADDRESS *Lloyd C. Reynolds* *Glen Burnie*INTERVAL BETWEEN
 ONSET AND DEATH

8 days

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332x IMMEDIATE CAUSE

(A)

Cerebral Thrombosis

ANTECEDENT CAUSE(S)

DUE TO

DISEASES OR CONDITIONS, IF ANY,
 GIVING RISE TO THE ABOVE CAUSE
 STATING UNDERLYING CAUSE LAST.

(B)

DUE TO

Arteriosclerosis, cerebral

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
 TO THE DEATH BUT NOT RELATED TO THE
 DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21a. ACCIDENT WAS UNDERLYING
 OR CONTRIBUTING CAUSE OF DEATH
 (If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
 OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County) *Baltimore* (State) *Md.*21d. TIME OF INJURY (Month) *Aug.* (Day) *14* (Year) *1953* (Hour)21e. INJURY OCCURRED
 While Not while
 at work at work

21f. HOW DID INJURY OCCUR?

M. *at home*22. I hereby certify that I attended the deceased from *Aug. 14, 1953*, to *Aug. 14, 1953*, that I last saw the deceased
 alive on *Aug. 8, 1953*, and that death occurred at *8:45 AM*, from the causes and on the date stated above.

ADDRESS (Street, city, town, state)

DATE SIGNED *8/16/53*23. BURIAL, CREMATION,
 REMOVAL (SPECIFY)DATE THEREOF *Aug. 14, 1953*NAME OF CEMETERY OR CREMATORIAL
*Woodlawn Cemetery*LOCATION (City, town, or county) *Baltimore* (State) *Md.*

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE *L. J. DeAlba*25. FUNERAL DIRECTOR'S SIGNATURE *R. Brightman*ADDRESS *111 E. Franklin St., Baltimore, Md.*DATE *Aug. 14, 1953*

REGREV

AUG 22 1968

REGREV

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07376

7389 CERTIFICATE OF DEATH

Reg. Dist. No.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 24 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	Anne Arundel Glen Burnie	STATE CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	MARYLAND Anne Arundel Glen Burnie
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LENGTH OF STAY (In this place) 9 mos	
5. SEX Male		6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH 24 May 1897		9. AGE last birthday 58 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher (ret.)		10b. KIND OF BUSINESS OR INDUSTRY Vet-Hosp- Oregon	11. BIRTHPLACE (State or foreign country) Eden Valley Minnesota
13. FATHER'S NAME Benjamin F. Riegel		14. MOTHER'S MAIDEN NAME Minnie Kickbush	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes		16. SOCIAL SECURITY NO None	17. INFORMANT & ADDRESS Bess B. Riegel Glen Burnie Md
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 HRS.	
42.1 IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO CORONARY ARTERIO SCLEROSIS		9 YRS.	
42.2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH BRONCHIECTASIS		10 YRS.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov. 1, 1954</u> , to <u>Aug. 3, 1955</u> , that I last saw the deceased alive on <u>Aug. 3, 1955</u> , and that death occurred at <u>1:30 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>Levi C. Peery</u> M.D. 201 Blad Gl Burnie MD. 8-3-55			
23. BURIAL, CREMATION REMOVAL (SPECIFY) Burial		DATE THEREOF 5 August 1955	NAME OF CEMETERY OR CREMATORIAL Baltimore National
24. REC'D BY REGISTRAR DATE Aug 5, 1955		REGISTRAR'S SIGNATURE L. J. De Alba.	LOCATION (City, town, or county) Baltimore, MD. (State)
25. FUNERAL DIRECTORY SIGNATURE ADDRESS			



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07377

7390 CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY CITY OR TOWN	Anne Arundel / [If outside corporate limits, write RURAL and give nearest town] Glen Burnie P.O.	MARYLAND LENGTH OF STAY [In this place] 3 years	STATE CITY OR TOWN	Maryland [If outside corporate limits, write RURAL and give nearest town] Glen Burnie P.O.	COUNTY Anne Arundel / [If rural give location]
HOSPITAL OR INSTITUTION OR STREET ADDRESS	#2 Wells Ave., Ferndale				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH August 31, 1955		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months Days Hours Min.
Male	white	Married	Dec. 9, 1885	69 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	
Mechanics Helper			B.-X-0-1P.R.	Germany	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
William Schmale			Mary Edna ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)			16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(If Yes, give war or dates of service)			705 07 9237	Mrs. Mary O. Schmale 2 Wells Ave. Ferndale Glen Burnie Md.	
18. MEDICAL CERTIFICATION					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
420.1 IMMEDIATE CAUSE (A) Myocardial Infarction					
ANTECEDENT CAUSE(S) DUE TO (B) Coronary Arteriosclerosis					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C) STATING UNDERLYING CAUSE LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) _____ (State) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 31, 1953, to Aug. 31, 1955, that I last saw the deceased alive on Aug. 26, 1955, and that death occurred at 5:09 A.M., from the causes and on the date stated above. SIGNATURE: Leon C. Perry M.D. 201 BABLUD, GLEN BURNIE, MD. 8-31-55 ADDRESS (Street, city, town, state) DATE SIGNED					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Sept. 3/55		NAME OF CEMETERY OR CREMATORIAL Meadowridge Mem. Park Washington Blvd. 1955	
24. REC'D BY REGISTRAR DATE Sept. 7/1955		REGISTRAR'S SIGNATURE L. J. De Alba		LOCATION (City, town, or county) (State)	
25. FUNERAL DIRECTOR'S SIGNATURE R. J. Singletor		ADDRESS Glen Burnie, Md.			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7391

07378

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:

COUNTY	AA	MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)
TOWN	HARWOOD	40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS		

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE	MD	COUNTY	AA
CITY (If outside corporate limits write RURAL and give nearest town)		STREET ADDRESS	
OR TOWN HARWOOD		(If rural, give location)	

3. NAME OF DECEASED: (First)

Thomas Robert

(Middle)

(Last)

4. DATE OF DEATH

Nov 11

1955

5. SEX: 6. COLOR OR RACE:

M

W

SINGLE, MARRIED, WIDOWED, DIVORCED.
(Specify):

8. DATE OF BIRTH: 7. 1914

9. AGE last birthday: 10

IF UNDER 1 YEAR
yrs.IF UNDER 24 HRS.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

Furner

10b. KIND OF BUSINESS OR INDUSTRY:

Tobacco

11. BIRTHPLACE (State or foreign country):

Harwood, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:

Thomas M. Severs

14. MOTHER'S MAIDEN NAME:

May Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: — — —

17. INFORMANT & ADDRESS:

Thomas Severs, Harwood, Md.

18. MEDICAL CERTIFICATION

976X

Immediate cause

(a) DUE TO

Gun shot wound chest

INTERVAL BETWEEN
ONSET AND DEATH

Sudden

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING OF
CAUSE OF DEATH. INJURY21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.)

21c. (City or town)

(County)

(State)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY 8 11 1955 A.M.21e. INJURY OCCURRED
While at Not while
work at work

21f. HOW DID INJURY OCCUR?

Self inflicted gun shot

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from Natural causes , Accident , Suicide , Homicide , Undetermined cause .
SIGNATURECHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.DATE SIGNED
11/15/5523. BURIAL, CREMATION,
REMOVAL (Specify):

DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL
REG 8/13/55

REGISTRAR'S SIGNATURE

Elinore Williams

24. FUNERAL DIRECTOR

Burke Hardey

ADDRESS

PEREAU V
445

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7343

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:				
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	<i>Anne Arundel</i>		MARYLAND	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	<i>Md.</i>		COUNTY <i>A.A.</i>	
				LENGTH OF STAY (in this place)				
<i>Baltimore</i>				<i>3 yrs.</i>				
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Homewood Convalescent Home</i>				STREET ADDRESS	<i>Severna Park</i>			
							(If rural, give location)	
3. NAME OF DECEASED: (Type or Print)		(First) <i>Mabel</i>	(Middle) <i>Rowland</i>	(Last) <i>Shepard</i>	4. DATE OF DEATH:	(Month) <i>Aug.</i>	(Day) <i>31</i>	(Year) <i>1955</i>
5. SEX: <i>F</i>	6. COLOR OR RACE: <i>W</i>	7. SINGLE, MARRIED WIDOWED, DIVORCED. (Specify): <i>W</i>	8. DATE OF BIRTH: <i>January 3, 1870</i>	9. AGE last birthday: IF UNDER 1 YEAR Months <i>85</i> yrs.	IF UNDER 24 HRS. Days <i>85</i>	Hours <i>00</i>	Min. <i>00</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>—</i>	11. BIRTHPLACE (State or foreign country): <i>Pittsburg Pa</i>			12. CITIZEN OF WHAT COUNTRY?: <i>U.S.A.</i>		
13. FATHER'S NAME: <i>Audson Rowland D.D.</i>		14. MOTHER'S MAIDEN NAME: <i>Harriet Trick</i>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): <i>No</i>		16. SOCIAL SECURITY NO.: <i>—</i>		17. INFORMANT & ADDRESS: <i>Dr. Alfred M Geis Same</i>		18. MEDICAL CERTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <i>432.1</i> Immediate cause (a) <i>Senile degeneration</i> Antecedent cause(s) (b) <i>Arteriosclerotic Cardio Vasculopathies</i> Diseases or conditions, if any, giving rise to the above cause (c) <i>stating underlying cause last</i> DUE TO								
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION:				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)	(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> M.		HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>March 1, 1952</i> to <i>Aug. 31, 1955</i> , that I last saw the deceased alive on <i>Aug. 31, 1955</i> , and that death occurred at <i>11:20 P.M.</i> from the causes and on the date stated above.								
SIGNATURE <i>Maurice Klavans</i>		(DEGREE OR TITLE) <i>MD</i>		ADDRESS		DATE SIGNED <i>Sept. 1, 1955</i>		
23. BURIAL, CREMATION REMOVAL (Specify): <i>Removal</i>		DATE THEREOF <i>Sept. 3, 1955</i>		NAME OF CEMETERY OR CRYPTATORY <i>Brandywine Baptist Church Downingtown Pa.</i>		LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REC'D.		RELEASER'S SIGNATURE <i>Tom. J. French</i>		24. FUNERAL DIRECTOR <i>H.W. Jenkins Sons Co 4905 York Rd</i>		ADDRESS		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7341

CERTIFICATE OF DEATH

07380

Reg. Dist. No. 21

Item 12 Film G187 9-28-55 et

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 25 hours after death. After the certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

INSTRUCTIONS

VS AISC 1-51-10W

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Anne Arundel CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) 10		STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis STREET ADDRESS 65 Southgate Ave. 10	
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital Annapolis, Maryland			
3. NAME OF DECEASED (Type or Print)		(First) Baby Girl (Middle) SIEVER (Last)	
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 9 August 1955
9. AGE last birthday yrs.	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Frank Wilson SIEVER	14. MOTHER'S MAIDEN NAME Dagnyby May 1907 Kathleen Studd		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No	16. SOCIAL SECURITY NO. None	17. INFORMANT & ADDRESS Hospital Records & Family	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) Immaturity with prematurity ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)			
2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) U. S. Naval Hospital	(County) _____ (State) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9 Aug. 1955, to 9 Aug. 1955, that I last saw the deceased alive on 9 Aug. 1955, and that death occurred at 3:05 A.M. from the causes and on the date stated above. SIGNATURE <i>James C. Rogers</i> ADDRESS (Street, city, town, state) _____ U. S. Naval Hospital M.D. Ann Arbor, Michigan 9 Aug. 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF August 11, 55	NAME OF CEMETERY OR CREMATORIUM Naval Cemetery	LOCATION (City, town, or county) Annapolis, Maryland (State) Md.
24. REC'D BY REGISTRAR DATE August 11, 55	REGISTERED NAME <i>Donald</i>	25. FUNERAL DIRECTOR'S SIGNATURE HOPPING FUNERAL HOME	ADDRESS Annapolis, Maryland

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FURNISH DIRECTOR: The law requires that the death certificate be filed with the registrar within 12 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55-10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7345

CERTIFICATE OF DEATH

07381

Reg. Dist. No... ..

Item 8. Film GL85 8-17-55 et

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	MARYLAND LENGTH OF STAY (In this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS	COUNTY ANNA POLIS (If rural give location)
10 ANNA POLIS	54 SHAW ST	ANNA POLIS	54 SHAW STREET
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year)	
John HENRY SIMMS		DEATH	8 7 1955
5. SEX MALE	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W	8. DATE OF BIRTH 1894 4-16-1898
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 61 yrs.	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME John H.	14. MOTHER'S MASTERN NAME Simms	12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Corsica Alter, 54 Shaw St	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4. IMMEDIATE CAUSE 4a. IMMEDIATE CAUSE (A) Arteriosclerotic Cardiovascular ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Disease GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 5. Other significant conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug. 6, 1955</u> , to <u>August 7, 1955</u> , that I last saw the deceased alive on <u>Aug. 7, 1955</u> , and that death occurred at <u>10:30 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>R. J. Richardson</u> ADDRESS <u>110 - May St Annapolis</u> DATE SIGNED <u>8/8/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 8-10-55	NAME OF CEMETERY OR CREMATORIAL ANNA POLIS NATIONAL ANNA POLIS MD
24. REC'D BY REGISTRAR DATE <u>Aug. 9, 1955</u>		REGISTRAR'S SIGNATURE <u>J. J. French</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>William Reese</u> ADDRESS <u>108 W. Wash. St ANNAPOLIS, MD</u>

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10. *Leucosia* *leucostoma* *leucostoma* *leucostoma*

... *Lampropeltis*.

2 - 257-28

Ergebnisse eines sozialen
und kulturellen Vergleichs

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—
—

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

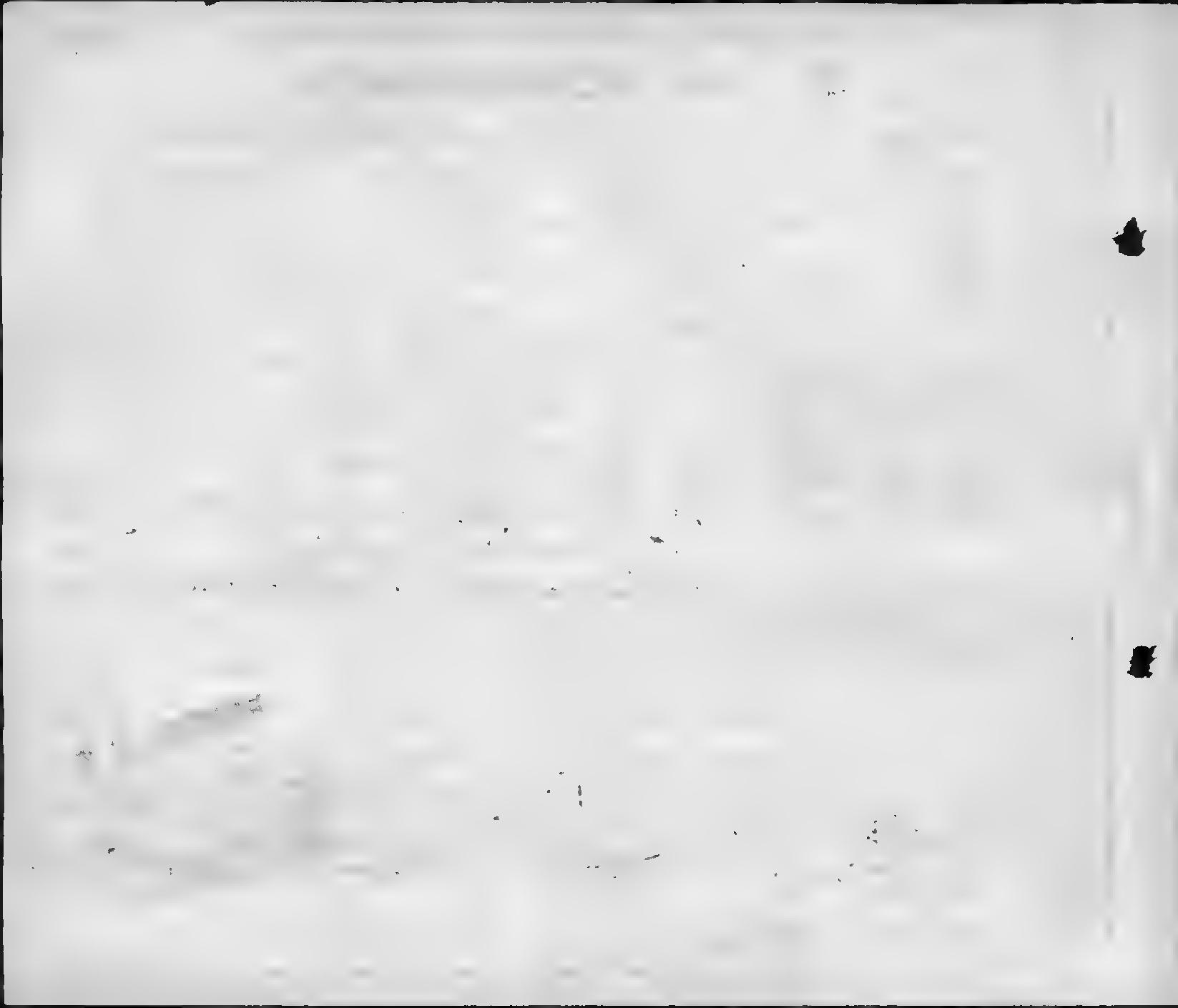
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07382

7346 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED					
COUNTY <i>A.A.</i>		MARYLAND		STATE <i>Md.</i>		COUNTY <i>A.A.</i>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <i>Annapolis</i>		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Annapolis</i>		(If rural give location) <i>504 Sixth St.</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>504 Sixth St.</i>				STREET ADDRESS <i>504 Sixth St.</i>					
3. NAME OF DECEASED (First) <i>John</i> (Middle) <i>H</i> (Last) <i>Smith</i>				4. DATE OF DEATH (Month) <i>Aug</i> (Day) <i>4</i> (Year) <i>1955</i>					
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>7/13/1867</i>	9. AGE (at birthday yrs.) <i>88</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>		IF UNDER 24 HRS Hours <i>0</i> Min. <i>0</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Construction</i>	11. BIRTHPLACE (State or foreign country) <i>Holland, Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>John Smith</i>				14. MOTHER'S MAIDEN NAME <i>Kirby</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>				16. SOCIAL SECURITY NO <i>44-27-1111</i>					
17. INFORMANT & ADDRESS <i>Mr. Harry W. Smith #2</i>				18. MEDICAL CERTIFICATION <i>Myocardial Infarction Arteriosclerotic Heart Disease</i>					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>420.0</i> IMMEDIATE CAUSE (A) <i>Myocardial Infarction</i>				INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>					
ANTECEDENT CAUSE(S) DUE TO (B) <i>Arteriosclerotic Heart Disease</i>									
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>4 yrs.</i>									
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) <i>Annapolis</i> (State) <i>Md.</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <i>Aug 4 1955</i> 3 P.M. 21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Fall</i>	
22. I hereby certify that I attended the deceased from <i>Aug 4, 1955</i> to <i>Aug 4, 1955</i> that I last saw the deceased alive on <i>Aug 4, 1955</i> and that death occurred at <i>3 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>James J. Grimes M.D.</i>				ADDRESS <i>Annapolis, Md.</i> DATE SIGNED <i>Aug 5, 1955</i>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>BURIAL</i>		DATE THEREOF <i>Aug 8, 1955</i>		NAME OF CEMETERY OR CREMATORIAL <i>Hill Crest</i>		LOCATION (City, Town, or County) <i>Annapolis</i> (State) <i>Md.</i>			
24. REC'D BY REGISTRAR DATE <i>Aug 8, 1955</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>John W. Tyree, 1018 Givens</i>					



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 18 Film 3100 2-13-55 age 5

07383

7392

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY

CITY (If outside corporate limits, write RURAL)

OR
and give nearest town

TOWN

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS3. NAME OF
DECEASED:
(Type or Print)

4. SEX:

5. COLOR OR
RACE:6. SINGLE, MARRIED,
WIDOWED, DIVORCED
(Specify)

7. DATE OF BIRTH:

8. KIND OF BUSINESS
OR INDUSTRY:

9. AGE last birthday

10. BIRTHPLACE (State or foreign country):

11. CITIZEN OF WHAT
COUNTRY?

12. FATHER'S NAME:

13. WAR DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unk.)

(If Yes, give war or dates
of service)

no

14. MOTHER'S MAIDEN NAME:

15. SOCIAL SECURITY NO.:

16. INFORMANT & ADDRESS:

17. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

816 X

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST

(A) DUE TO

(B) DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(If either, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory

OF INJURY street, office bldg., etc.)

21C. WHERE DID (City, or town)

INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

3-28-55

3:00 A.M.

21E. INJURY OCCURRED

While

at work

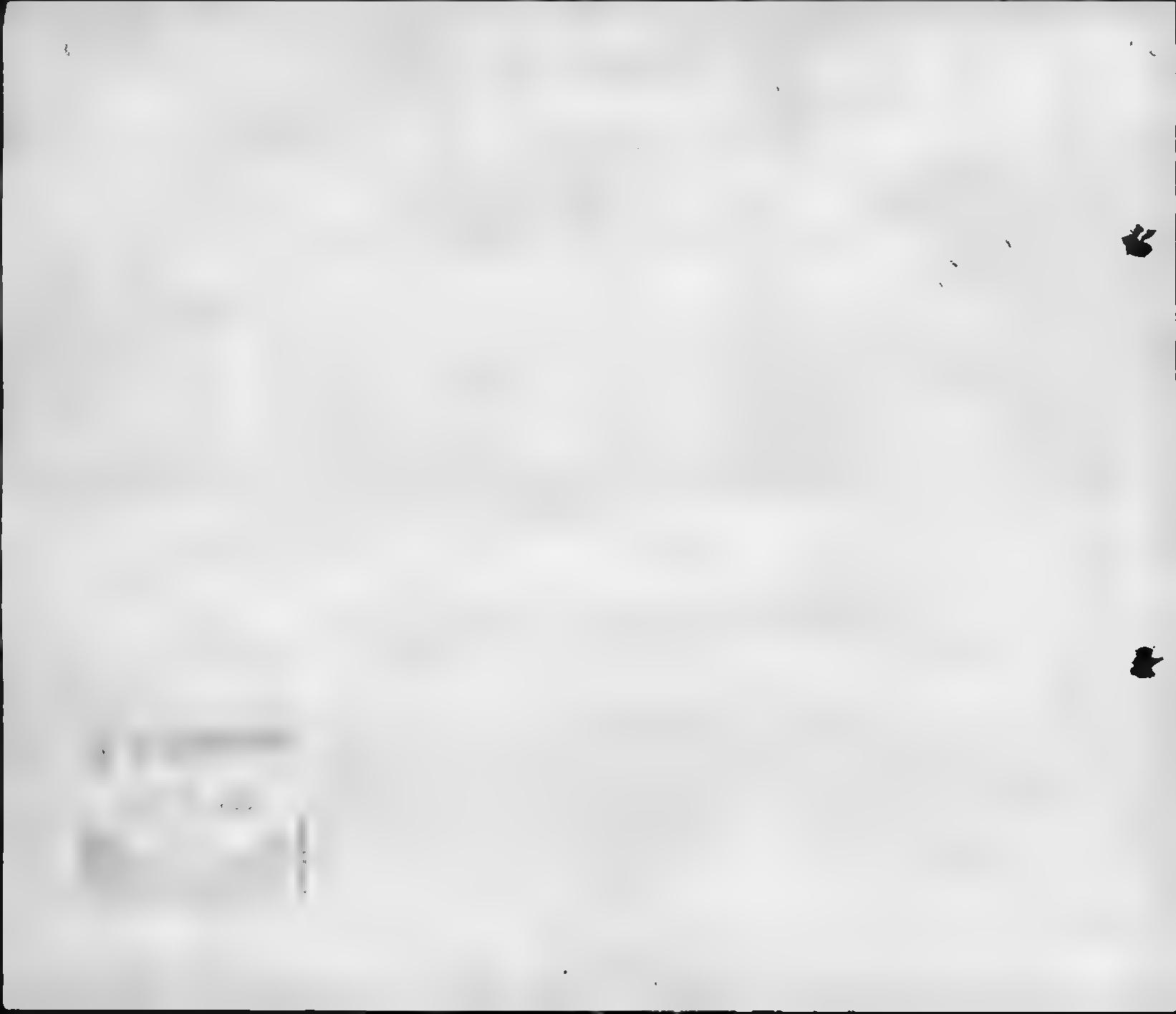
Not while

at work

A

21F. HOW DID INJURY OCCUR?

Collision of fire



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07384

Item 18 Film 3186 9-13-55 ans

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY
CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWNHOSPITAL OR
INSTITUTION OR
STREET ADDRESSMARYLAND
LENGTH OF STAY
(in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE
CITY: If outside corporate limits, write RURAL and give nearest town)
OR
TOWNSTREET
ADDRESS

COUNTY

Anne Arundel

Md
Friendship

(If rural give location)

3. NAME OF
DECEASED:
(Type or Print)

SEX

RACE

7 SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify)10A USUAL OCCUPATION (Give kind of
work done during most of working life.
Even if retired):

11A FATHER'S NAME

12A WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk) (If Yes, give war or date
of service)

13A MOTHER'S MAIDEN NAME

14A INFORMANT & ADDRESS

15A SOCIAL SECURITY NO.

16A MEDICAL CERTIFICATION

17A DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

18A IMMEDIATE CAUSE

19A ANTECEDENT CAUSE (B)

20A DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST21A ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)22A TIME (Month) (Day) (Year) (Hour)
OF INJURY

23A DATE OF OPERATION.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21B PLACE (Home, farm, factory
or INJURY street, office bldg., etc.)22B WHERE DID (City or town)
INJURY OCCUR?

23B (County) (State)

24B Bristol, Md.

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7394

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Anne Arundel MARYLAND		STATE Maryland COUNTY Anne Arundel	
CITY (If outside corporate limits, write RURAL and give nearest town or and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town or and give nearest town)	
TOWN Pasadena LENGTH OF STAY (in this place) 45 yrs.		TOWN Pasadena P.O. STREET ADDRESS (If rural give location) Poplar Ridge Road Poplar Ridge Rd. Poplar Ridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year) OF DEATH: August 22 1955	
Thomas		Tracey	
5. SEX: Male		6. COLOR OR RACE: White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower		8. DATE OF BIRTH: April 29-1865	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Boatman		10b. KIND OF BUSINESS OR INDUSTRY: Boat yard	
11. BIRTHPLACE (State or foreign country): Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY: U.S.A.	
13. FATHER'S NAME: P - Tracey		14. MOTHER'S MAIDEN NAME: Mary George	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.: None	
17. INFORMANT & ADDRESS: Frank S. Tracey Pasadena, P.O. Md.		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Due to Congestive Heart Failure Antecedent causes(s) (b) Due to generalized arteriosclerosis Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)			
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED White at Work <input type="checkbox"/> Not White At Work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 27, 1955, to August 22, 1955, that I last saw the deceased alive on August 21, 1955, and that death occurred at 1:10 A.M.; from the causes and on the date stated above. SIGNATURE: (Degree or title) P. J. J. Tracey in M.F.			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Aug 24-1955	
DATE RECD BY LOCAL REGISTRAR		NAME OF CEMETERY OR CREMATORIUM Magrath Church	
REGISTRAR		LOCATION (City, town or county) (State) Maryland	
VS. A15		24. FUNERAL DIRECTOR P. V. Singleton, Glen Burnie, Md.	

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the Hospital or attending physician.

VS ASC 15-10A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07356

7395 CERTIFICATE OF DEATH

Reg. Dist. No. 20

Item 2.9, Film 185 9-1-55 et

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Ann Arundel CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN Shoreham Beach		STATE Maryland COUNTY A. A. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater STREET ADDRESS (If rural give location) Route # 1, Box 399	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH Aug. 22nd. 1955	
(First) ISABELLE (Middle) EVELYN ISABEL TUCKER		(Month) (Day) (Year)	
S. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) III	8. DATE OF BIRTH Feb 8th. 1898
9. AGE last birthday 96		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) WASHINGTON, D. C.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Lawrence Ricker		14. MOTHER'S MAIDEN NAME Isabel Binnix	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS Chas E. Robertson	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 153 X IMMEDIATE CAUSE (A) <i>Cancer of liver</i> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) <i>liver disease</i> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>liver disease</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION <i>Aug. 25, 1955</i>		19b. MAJOR FINDINGS OF OPERATION <i>Collected a specimen</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <i>Collected a specimen</i>	
21c. WHERE DID INJURY OCCUR? (City or town) (County) <i>Baltimore</i> (State) <i>Md.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> at work <input type="checkbox"/> Not while of work <input type="checkbox"/>		21e. INJURY OCCURRED M.D. <input type="checkbox"/> <input type="checkbox"/> Not while of work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from ... to ... , 19 ... , that I last saw the deceased alive on ... , 19 ... , and that death occurred at ... M, from the causes and on the date stated above. SIGNATURE <i>Amelia H. Wilson</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>Aug 25, 1955</i> NAME OF CEMETERY OR CREMATORIAL M.D. <i>Ft Lincoln</i>	
24. REC'D BY REGISTRAR DATE <i>Aug. 25, 1955</i>		REGISTRAR'S SIGNATURE <i>Edward Collier</i> 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J. Bellino Lee's Sons Co., Wash. D.C.</i>	
		LOCATION (City, town, or county) <i>Colmar Manor Md</i> (State) <i>8/25/55</i>	

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INSTRUCTIONS

ATTENDING PHYSICIAN OR HOSPITAL: This law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: This law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and immediately filed in by the funeral director, the third copy of this death certificate assembly should be retained by the attending physician or attending physician.

VS A15C 1-5 10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07387

7347

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Anne Arundel CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annapolis		MARYLAND LENGTH OF STAY (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 Anne Arundel General		STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Annapolis, STREET ADDRESS Spa Rd.	
10. NAME OF DECEASED (Type or Print)		(First) CHARLES J VICKERS (Middle) (Last)	
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH Feb. 14, 1901	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY City Fire Dept	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		9. AGE last birthday 54 yrs.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Minnie (?)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. 214-05-0355	
17. INFORMANT & ADDRESS Mrs Margaret Vickers- Wife- same as # 2		18. MEDICAL CERTIFICATION	
18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 592X IMMEDIATE CAUSE (A) <i>Nephritis + Congestive failure</i> ANTECEDENT CAUSE(S) DUE TO <i>Chronic nephritis</i> DISEASES OR CONDITIONS, IF ANY, DUE TO <i>Hypertension</i> , GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) <i>Chronic nephritis</i> (C) <i>Hypertension</i>		INTERVAL BETWEEN ONSET AND DEATH 6 wks. 4+ mos. 4+ mos.	
19a. DATE OF OPERATION 5/21/55		19b. MAJOR FINDINGS OF OPERATION <i>left pyonephrosis</i>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, office, bldg., etc.) <i>street</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21e. INJURY OCCURRED While at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4/26/1955</i> to <i>5/21/1955</i> , that I last saw the deceased alive on <i>5/21/1955</i> , and that death occurred at <i>8 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>Frank McSherry</i> ADDRESS <i>63 College Ave Annapolis MD</i> DATE SIGNED <i>5/25/55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Aug 25, 1955	
		NAME OF CEMETERY OR CREMATORIUM Cedar Bluff Cemetery	
		LOCATION (City, town, or county) Annapolis, Maryland (State)	
24. REC'D BY REGISTRAR DATE Aug. 25, 55		REGISTRAR'S SIGNATURE <i>O'Daniel</i>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hopping Funeral Home Annapolis, Md	

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07388

STATE DEPARTMENT OF HEALTH

MARYLAND

7348

CERTIFICATE OF DEATH

Reg. Dist. No. 21

C. S. P. #185 8-23-55 et

1. PLACE OF DEATH

COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and
OR give nearest town)

TOWN Annapolis

MARYLAND

LENGTH OF STAY
(in this place)
25 yrs

HOSPITAL OR

INSTITUTION OR

STREET ADDRESS 213 - Clay St Ann Arbor, Md.

2. NAME OF
DECEASED

(First) Alice

(Middle)

(Type or Print)

Female

Colored

3. COLOR OR RACE

7. SINGLES MARRIED

WIDOWED, DIVORCED,

(Specify)

10a. USUAL OCCUPATION

(Give kind of work

done during most of working life, even if retired)

10b. KIND OF BUSINESS OR

INDUSTRY

Housewife

13. FATHER'S NAME

James Pen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

(If yes, give war or dates of

service)

16. SOCIAL SECURITY NO.

W

17. INFORMANT AND ADDRESS

(Husband)

Paul White

215 - clay street

Annapolis, Md.

18. MEDICAL CERTIFICATION

Cerebral Hemorrhage

Essential Hypertension

5 months

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Cerebral Hemorrhage

Antecedent cause(s)

Cerebral Hemorrhage

Diseases or conditions, if any,

giving rise to the above cause

stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not

related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

Signature

Date

Place (Home, farm, factory, street,

of office bldg., etc.)

INJURY

TIME (Month) (Day) (Year) (Hour)

OF INJURY

INJURY OCCURRED

White at Not White

Work At work

m.

How did injury occur?

ADDRESS

DATE SIGNED

Signature

Date

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county)

(State)

Burial, Cremation

Removal (Specify)

Burial

8/18/55 Annapolis Neck

Annapolis Neck

Md

DATE REC'D BY LOCAL REG.

REG.

Aug. 17, 1955

REG.

O. French

REG.

William Reese II

108 W. Wash. St.

Annapolis, Md.

REG.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **2 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been **executed** by the attending physician and completely filled in by the funeral director, the third copy of this death certificate should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7396

CERTIFICATE OF DEATH

07389

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED					
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		MARYLAND LENGTH OF STAY (in this place)		STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		COUNTY 303 Fifth Ave. North East. (If rural give location)			
Anne Arundel Hollinsville		2 Months		Maryland 303 Fifth Ave. North East.		Anne Arundel			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Linda Nursing Home</i>				STREET ADDRESS <i>Glen Burnie</i>					
3. NAME OF DECEASED (First) <i>Louise</i> (Middle) <i>Marie</i> (Last) <i>Widenhoft</i>				4. DATE OF DEATH <i>August 25 - 1955</i>					
5. SEX <i>Femal</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Jan. 18, 1877</i>	9. AGE last birthday <i>98 yrs.</i>	10. UNUSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			11. BIRTHPLACE (State or foreign country) <i>Germany</i>	12. CITIZEN OF WHAT COUNTRY? <i>A. S. A.</i>
13. FATHER'S NAME <i>Levi J. Wardenhoft</i>	14. MOTHER'S MAIDEN NAME <i>Justine Chawakowsky</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT & ADDRESS <i>E. Wm. R. Stellings Tower 4, 3rd</i>	18. MEDICAL CERTIFICATION <i>Cerberus of the fever General Arthritis - Schizoph.</i>		
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>581.0 IMMEDIATE CAUSE Antecedent cause(s) due to Diseases or conditions, if any, giving rise to the above cause stating underlying cause last.</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <i>+2 months</i>	
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) <i>Baltimore</i> (State) <i>Md.</i>					
21d. TIME OF INJURY (Month) <i>Aug.</i> (Day) <i>27</i> (Year) <i>1955</i> (Hour) M. <input type="checkbox"/> at work <input type="checkbox"/> Not while <input type="checkbox"/> at work		21e. INJURY OCCURRED While <input type="checkbox"/> at work <input type="checkbox"/> Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>7/19/55</i>, 19....., to <i>8/22/55</i>, 19....., that I last saw the deceased alive on <i>8/24</i>, 19....., and that death occurred at <i>4 A.M.</i>, from the causes and on the date stated above.									
SIGNATURE <i>Gustavus F. Wardenhoft</i> M.D. <i>Glen Burnie, Md.</i> DATE SIGNED <i>Sept 5 1955</i>									
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>Aug. 27, 1955</i>		NAME OF CEMETERY OR CREMATORIUM <i>Cedar Hill Cemetery, Baltimore, Md.</i>		LOCATION (City, town, or county) <i>Baltimore</i> (State) <i>Md.</i>			
24. REC'D BY REGISTRAR <i>Lorraine M. Joyce</i>		REGISTRAR'S SIGNATURE <i>Lorraine M. Joyce</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>P. L. Langston - Glen Burnie</i>		ADDRESS			
DATE <i>Aug 30 1955</i>									

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 155-10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7397 CERTIFICATE OF DEATH

07390

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Anne Arundel CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Crownsville		MARYLAND LENGTH OF STAY (In this place) 4 yrs. 23 das.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Crownsville State Hospital		STATE Maryland COUNTY Baltimore City CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore STREET ADDRESS 2504 Woodbrook Street	
3. NAME OF DECEASED (First) Lewis (Middle) Winston (Type or Print)		4. DATE OF DEATH August 1 19 55	
5. SEX <input checked="" type="checkbox"/> M	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 4/8/86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME George Winston		14. MOTHER'S MAIDEN NAME Mary Liza	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT & ADDRESS Hospital Records		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 IMMEDIATE CAUSE (A) Pulmonary edema ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Myocardial Insufficiency GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Generalized Arteriosclerosis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile Psychosis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
M. at work		21f. HOW DID INJURY OCCUR? Not while at work	
22. I hereby certify that I attended the deceased from 1/6 19 55, to August 1, 19 55, that I last saw the deceased alive on 8/1/19 55, and that death occurred at 2:35 P.M., from the causes and on the date stated above. SIGNATURE <i>Hildegard Heard Reimann</i> M.D. ADDRESS (Street, city, town, state) <i>8/1/55</i> DATE SIGNED			
23. BURIAL, Cremation, Removal (Specify) <i>Burial</i>		DATE THEREON Aug. 3, 1955 NAME OF CEMETERY OR CREMATORIUM Mt. Auburn Cemetery LOCATION (City, town, or county) Baltimore, Md. (State)	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <i>S. M. Joyce</i> FUNERAL DIRECTOR'S SIGNATURE <i>John W. Johnson, 1700 Daniel Hill Ave.</i> ADDRESS	
DATE Aug. 3, 1955			

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR

HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7 days after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be retained for use as a burial transit permit.

VS AISC 155 10A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07391

7349 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)	<i>Anne Arundel</i> Maryland	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	<i>Washington D.C.</i> Maryland
LENGTH OF STAY (In this place)		STREET ADDRESS (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	<i>Annapolis</i> <i>Anne Arundel Gen.</i>		
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
(First) <i>George</i> (Middle) <i>Wright</i> (Last)		Aug 27 1955	
5. SEX <i>M</i>	6. COLOR OR <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>5/11/1905</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (State or foreign country) <i>George</i>
13. FATHER'S NAME <i>?</i>		14. MOTHER'S MAIDEN NAME <i>?</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO <i>049-07-5484</i>	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS <i>Mary Wright</i>	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>410X</i> IMMEDIATE CAUSE (A) <i>Cardiac Failure</i> ANTECEDENT CAUSE(S) DUE TO <i>Mental stupor</i> DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
INTERVAL BETWEEN ONSET AND DEATH <i>2 hr.</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>No</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) <i>Washington</i> (State) <i>D.C.</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/27/55</i> , 19....., to <i>8/27/55</i> , 19....., that I last saw the deceased alive on <i>8/27/55</i> , 19....., and that death occurred at <i>5:30</i> P.M. from the causes and on the date stated above <i>Herde H Johnson</i> M.D. <i>37 Gilbert Street, Washington, D.C.</i> ADDRESS (Street, city, town, state) <i>DATE SIGNED</i> <i>8/27/55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>8/31/55</i>	NAME OF CEMETERY OR CREMATORIUM <i>Arlington National</i>
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <i>J. Frank</i>	LOCATION (City, town, or county) <i>Arlington, Va.</i> (State) <i>V.A.</i>
DATE <i>Aug. 30, 1955</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>JOSEPH S. CORNISH-2121-1058</i> ADDRESS <i>Licens No. 58, N.C.</i> <i>NOVA</i>	

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AUG 31 1966

EDWARD V. FORD

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

VS AISC 155 10K

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**CERTIFICATE OF DEATH**

7350

07392
21

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
CITY OR TOWN		COUNTY Anne Arundel Anne Arundel RURAL Annapolis		MARYLAND LENGTH OF STAY (in this place)		STATE Maryland Maryland TOWN Annapolis	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS		(If rural give location)	
		51 Lafayette Ave				51 Lafayette Ave	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
SAMUEL ZELKOWITZ				AUGUST 26, 1955			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	10. IF UNDER 1 YEAR	11. IF UNDER 24 HRS.	
Male	White	Married	April 3, 1871	84 yrs.	Months	Days	
10a. USUAL OCCUPATION [Give kind of work done during most of working life, even if retired]				11. BIRTHPLACE (State or foreign country)			
Retired Merchant				Lithuania			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Unknown				Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY NO.			
----				?			
17. INFORMANT & ADDRESS				18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH			
420.0 IMMEDIATE CAUSE (A) coronary occlusion				3 days			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO				15 yrs.			
arteriosclerotic heart disease							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				diabetes mellitus			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 19, 1955, to Aug. 26, 1955, that I last saw the deceased alive on Aug. 25, 1955, and that death occurred at 4:30 P.M. from the causes and on the date stated above. SIGNATURE <i>S. Bonwick</i> M.D. Annapolis, Md.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIUM		LOCATION (City, town, or county)	
Burial		August 28, 55		Knesseth Israel Cemet.		Annapolis, Maryland	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE 8-28-1955				Hopping Funeral Home		Annapolis, Md.	

SA CTTD

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**7351 CERTIFICATE OF DEATH**

07393

Reg. Dist. No. 21

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Anne Arundel CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annapolis, Maryland		MARYLAND LENGTH OF STAY (in this place) 8mos.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Station Dispensary		STATE New York COUNTY Monroe CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rochester STREET ADDRESS (If rural give location) 1131 Bay Street	
3. NAME OF DECEASED (Type or Print) Albert Eugene ZETTLEMOYER		4. DATE (Month) (Day) (Year) Aug. 2, 1955	
S. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Male	Cauc.	Divorced	14 Dec. 1924
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Navy		10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy	
11. BIRTHPLACE (State or foreign country) Williamsport, Penna		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Fred L. ZETTLEMOYER		14. MOTHER'S MAIDEN NAME Helen B. (Unknown)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes 1-6-42 8-2-55		16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Official Naval Records	
18. MEDICAL CERTIFICATION 420.1 IMMEDIATE CAUSE (A) Acute Pulmonary Edema due to Heart Disease #434.2 2 hours ANTECEDENT CAUSE(S) DUE TO Co ronary Arteriosclerosis # 420.1 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> at work <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 19, 1955, to Aug 1, 1955, that I last saw the deceased alive on Aug 1, 1955, and that death occurred at 0705 A.M. from the causes and on the date stated above. SIGNATURE W.T. Medic W.T. Medic, LTJG MC USNR, U.S. Naval Station, Annapolis, Md. 8-2-55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal		DATE THEREOF August 5, 1955 NAME OF CEMETERY OR CREMATORIUM to LOCATION (City, town, or county) Rochester, New York (State)	
24. REC'D BY REGISTRAR DATE August 4, 1955		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS HOPPING FUNERAL HOME	

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THE GOVERNMENT OF CANADA

BUREAU, N.Y.

AUG 5 1965

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07394

CERTIFICATE OF DEATH

Reg. Dist. No. 11

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED							
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY Annapolis (If rural give location)						
Anne Arundel 10 ANNAPOLIS	50 yrs,	Annapolis 96 East St	10 1						
HOSPITAL OR INSTITUTION OR STREET ADDRESS	A.A. Gen. Hosp.								
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)						
Oscar Anton Zindorf									
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	10. IF UNDER 1 YEAR	11. IF UNDER 24 HRS.			
M	W		April 11, 1900	55 yrs.	Months	Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
MECHANIC		Heating		Dayton Ohio		U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MADDEN NAME							
JOSEPH GILBERT ZINDORF		KATHERINE ANGEL BECK							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS					
NO		220-05-9592		MRS. FAY BASHAM 96 East St. Annapolis					
18. MEDICAL CERTIFICATION									
<p>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <p>148X IMMEDIATE CAUSE (A) Hemorrhage, internal</p> <p>ANTECEDENT CAUSE(S) DUE TO</p> <p>DISEASES OR CONDITIONS, IF ANY, (B) Carcinoma of throat</p> <p>GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) 1 year</p>									
<p>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</p> <p>19a. DATE OF OPERATION March 1955 19b. MAJOR FINDINGS OF OPERATION Cancer of throat</p>									
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, Farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County)		(State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work		21f. HOW DID INJURY OCCUR?					
M.		Not while at work							
<p>22. I hereby certify that I attended the deceased from Aug. 15, 1955, to Aug. 28, 1955, that I last saw the deceased alive on Aug. 28, 1955, and that death occurred at 8:25 P.M. from the causes and on the date stated above.</p> <p>SIGNATURE Jesse J. Wilkins</p>									
23. BURIAL/CREMATION, REMOVAL (SPECIFY)		DATE THEREOF 8-31-55		NAME OF CEMETERY OR CREMATORIAL Hillcrest		LOCATION (City, town, or county) Annapolis Md.			
24. REC'D BY REGISTRAR		RECEIPTARIS SIGNATURE O'Daniel		25. FUNERAL DIRECTOR'S SIGNATURE John M. Taylor		ADDRESS Annapolis Md.			
DATE Aug. 29, 1955									

BUREAU X.
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Aug 30 1955

DEPARTMENT OF STATE
CLERICAL SECTION

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED